FIVE HILLS REGIONAL HEALTH AUTHORITY

2004-2005

ANNUAL REPORT

HEALTHY CHOICES – HEALTHY PEOPLE

Table of Contents

LETTER OF TRANSMITTAL

MANAGEMENT DISCUSSION AND ANALYSIS 1

WHO WE ARE 1

REGIONAL ENVIRONMENTAL SCAN 7

MAJOR INITIATIVES AND ACCOMPLISHMENTS 18

PROGRESS AND RESULTS 20

CHALLENGES AND FUTURE DIRECTIONS 25

PERFORMANCE MANAGEMENT SUMMARY 26

MANAGEMENT REPORT 32

FINANCIAL SUMMARIES

PAYEE DISCLOSURE LIST

For additional information on the programs and services provided by the Five Hills Health Region visit our website at www.fhhr.ca

FIVE HILLS HEALTH REGION
455 Fairford Street East, Moose Jaw, Saskatchewan S6H 1H3

The Honourable J. Nilson
Minister of Health
Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Minister Nilson:

RE: Five Hills Health Region - 2004/2005 Annual Report

The Five Hills Regional Health Authority is pleased to provide you and the residents of the health region with its 2004-05 annual report.

This report provides the audited financial statements of the Region for the year ended March 31, 2005 and outlines the Region's activities and accomplishments for that period.

Yours truly,

Dale Toni
Chairperson

DT/dc

Management Discussion and Analysis

Who We Are

The Five Hills Regional Health Authority (Five Hills Health Region) was formed on August 1st, 2002 – pursuant to the proclamation of the Regional Health Services Act. This legislation resulted in the amalgamation of 32 health districts into 12 health regions in Saskatchewan – thereby bringing together the former Moose Jaw-Thunder Creek Health District and South Country Health District into a single region.

The Authority is responsible for a wide range of health services within the Five Hill Health Region in south central Saskatchewan. A map of the region is included on the back cover of the annual report.

The 2004/05 Performance Plan produced by Saskatchewan Health contains a vision, *Building a province of healthy people and healthy communities*, and goals and objectives for the health system:

- *Improved access to quality health services;*
- *Effective health promotion and disease prevention;*
- *Retain, recruit and train health providers; and*
- *A sustainable, efficient, accountable, quality health system.*

The Five Hills Regional Health Authority developed a statement of Mission, Vision, Values, Goals and Objectives. While these statements are unique to the Five Hills Health Region, they are consistent with the direction articulated in Saskatchewan Health's Performance Plan.

FIVE HILLS REGIONAL HEALTH AUTHORITY

MISSION

People helping people through quality services, education, co-operation, communication and healthy public policy.

VISION

Healthy choices – healthy people

VALUES

Respect and trust

Honesty and integrity

Accountability and evidence-based decision-making

Dedication and compassion

Collaboration and inclusion

Quality and holistic approach

Goal 1: Full Potential for Five Hills Regional Health Authority

The desired priority of Full Potential for Five Hills Regional Health Authority includes but is not limited to the following results:

- Moose Jaw Union Hospital reaches its full potential as a Level 1 Regional Centre
- Community hospitals in Assiniboia, Central Butte, and Gravelbourg reach their full potential.
- A co-ordinated primary health care system.
- Supportive Care services meet the needs of changing urban and rural demographics
- Facilities meet present and future needs.
- Public are confident that services are there when required.
    - People receive timely care in the most appropriate location.
    - Waiting times are reasonable.
    - Public know what services are available and how to access them.
    - Clients understand what may be expected from services offered.

Goal 2: Health Promotion and Disease Prevention

The desired priority of Health Promotion and Disease Prevention includes but is not limited to the following results:

- An effective health promotion and disease prevention initiative
    - Address the determinants of health within our mandate.
- People have sufficient knowledge to enable them to make healthy choices.
    - Well-informed and knowledgeable clients and stakeholders.
- Appropriate community development activities
- Healthy public policies

Goal 3: Human Resources

The desired priority of Human Resources includes but is not limited to the following results:

- Five Hills Health Region is an employer of choice
- Sustainable human resources

Goal 4: A Sustainable Health System

The desired priority of a Sustainable Health System includes but is not limited to the following results:

- Effective, efficient, and appropriate use of resources
- An accountability reporting mechanism
- Relationships with foundations, health care organizations and other stakeholders are well defined and effective

GOVERNANCE AND ORGANIZATION

The *Regional Health Services Act, 2002* established the responsibilities and powers of the Minister of Health and Regional Health Authorities.

Responsibilities and Powers of the RHA

- Assess health needs
- Evaluate health services
- Develop operational plan
- Promote health and wellness
- Provide health services
- Coordinate health services
- Any other that the Minister may direct

RHA Committee Structure

The Five Hills Regional Health Authority has organized itself into the following Board Committees:

- Executive Committee
- Planning Committee
- Ethics Advisory Committee
- Mental Health and Addictions Services Advisory Committee

Public Transparency

To ensure public transparency the Five Hills Regional Health Authority has undertaken the following activities:

Regular Meetings held in a public forum:

- April 28 - Moose Jaw
- May 26 - Moose Jaw
- June 23 - Moose Jaw
- June 30 - Lafleche
- August 25 - Gravelbourg
- September 29 - Moose Jaw
- October 27 - Willow Bunch
- November 24 – Moose Jaw
- December 15 – Moose Jaw
- January 26, 2005 – Assiniboia
- February 23 – Moose Jaw
- March 30 - Kincaid

Internet site (www.fhhr.ca) content includes:

- Minutes of the regular Authority meetings
- 2003 / 2004 Annual Report
- 2004 / 2005 Strategic Priorities
- Strategic Plan
- Strategic Plan September 2004 Update
- Leadership Philosophy
- Physician Resources Plan
- Programs and Services Profile
- Health Status Report 2002
- Child and Youth Needs Assessment Survey 2002

Contracted Health Care Organizations

The Five Hills Regional Health Authority has contracted the following health care organizations and private providers to deliver health services:

- Angus Campbell Centre
- Thunder Creek Rehabilitation Association
- Canadian Mental Health Association – Moose Jaw Branch
- Moose Jaw & District EMS
- Wald Ambulance
- Providence Place
- St. Joseph Hospital/Foyer d'Youville
- Extendicare

Community Advisory Structure

The Regional Health Services Act Section 28 states:

(1) A regional health authority shall establish one or more community advisory networks for the health region for the purpose of providing the regional health authority with advice respecting the provision of health services in the health region or any portion of the health region.

(2) The minister may provide directions to regional health authorities with respect to the establishment and composition of community advisory networks.

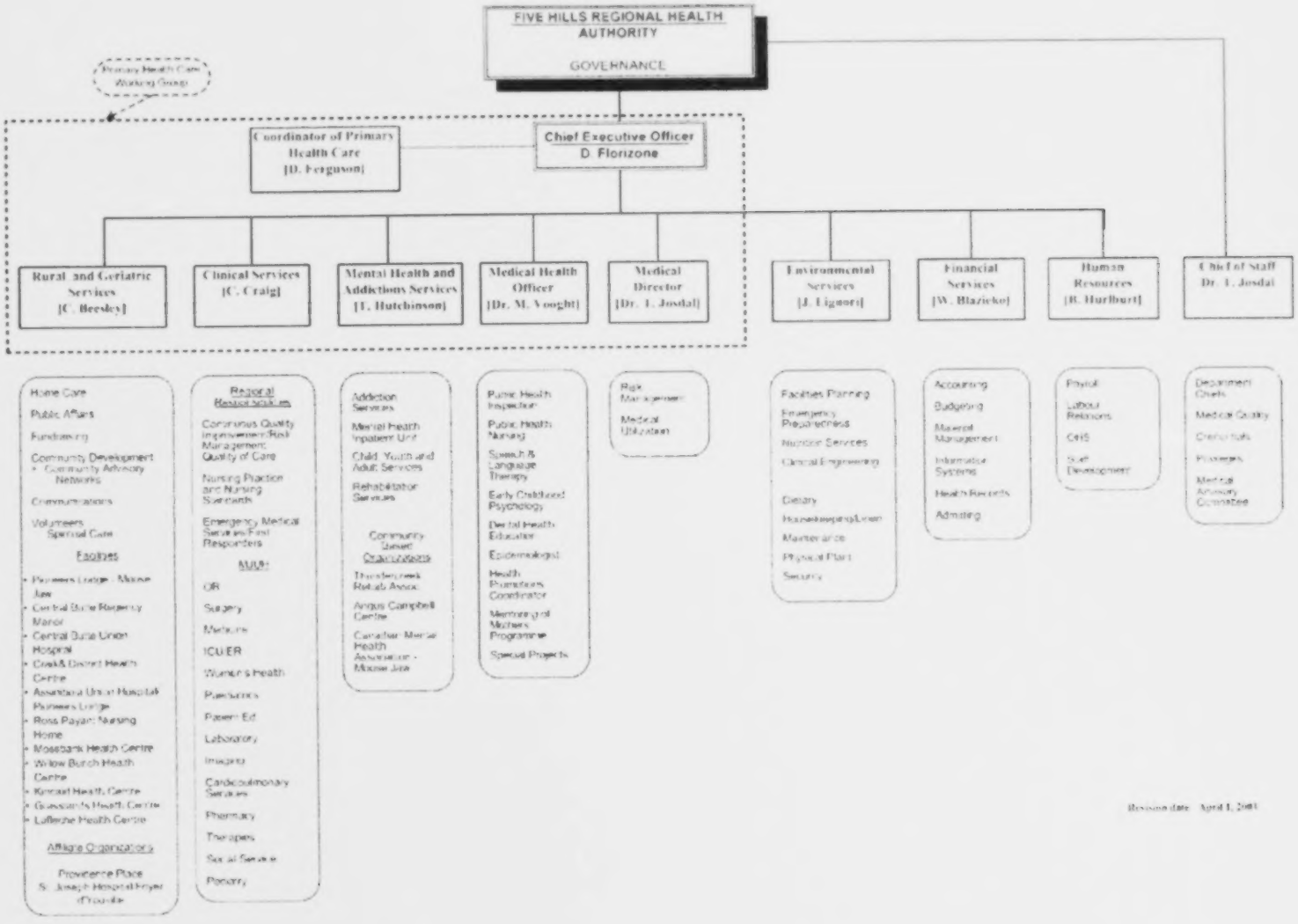
(3) Persons who participate in a community advisory network are not entitled to remuneration with respect to that participation.

Communities and organizations that our health region currently interacts includes but is not limited to the following:

- Assiniboia Civic Improvement Association
- Assiniboia Union Hospital Auxiliary
- Badlands Recreational Committee
- Borderland School Division
- Briercrest College
- Canadian Cancer Society
- Canadian Diabetes Association
- Canadian Mental Health Association
- Cayer Trust (Willow Bunch)
- Central Butte and District Foundation
- Central Butte Union Hospital Auxiliary
- Child Action Committee (Moose Jaw)
- Child Action Group (Assiniboia)
- Child and Youth Interagency Committee
- Cosmo Senior Citizen's Centre
- Craik and District Foundation
- Craik Auxiliary
- Davidson School Division
- Department of National Defense – 15 Wing
- Elbow Auxiliary
- Emergency Measures Organizations
- Emergency Response Planning Committee
- Eyebrow Auxiliary
- File Hills Tribal Council
- Food Security Network
- Golden Plains School Division
- Grasslands Trust Fund Corp.
- Grasslands Health Centre Auxiliary
- Herbert School Division
- Holy Trinity Roman Catholic Separate School Division
- Housing Authorities
- John Howard Society
- Kincaid & District Health Centre Board Inc.
- Lafleche District Health Foundation Inc.
- Ludlow Trust
- Medical Advisory Committee
- Metis Nation
- Moose Jaw & District Senior Citizens Association
- Moose Jaw and District Interagency Committee
- Moose Jaw Families for Change
- Moose Jaw Health Foundation
- Moose Jaw Mental Health Housing Committee
- Moose Jaw Public School Division
- Moose Jaw Union Hospital Auxiliary
- Mossbank Trust
- Municipal Governments
- Pioneer Lodge Assiniboia Auxiliary
- Red Coat School Division
- Regency Hospital Auxiliary
- Regional Economic Development Authorities – Moose Jaw, Assiniboia, Red Coat
- Regional Intersectoral Committee
- Ross Payant Nursing Home Auxiliary
- SIAST - Palliser Campus
- South Central Recreation and Parks Association
- South Country Health Care Foundation

- Thunder Creek Rehabilitation Association
- Thunder Creek School Division
- Transition House
- Tugaske Auxiliary
- Unions
- Valley View Centre

The Five Hills Regional Health Authority has a network in place for receiving advice from a number and variety of communities. Primary Health Care development, with its significant community development component, will round out the existing network.



Revision date: April 1, 2001

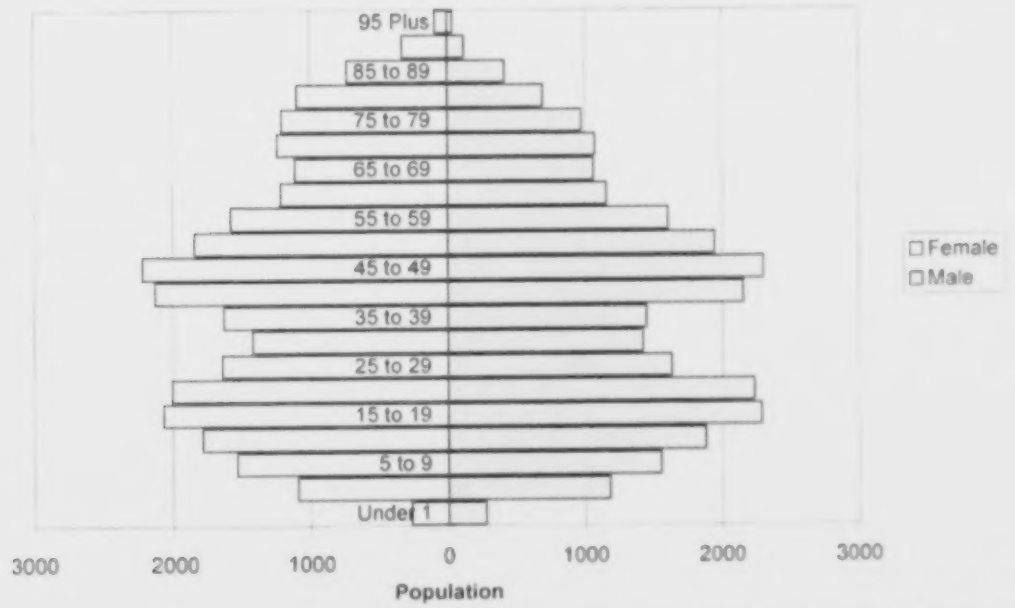
Regional Environmental Scan

The Five Hills Health Region has prepared a comprehensive health status report for the population served. The report summarises information from a number of internal and external sources and includes needs assessment data compiled by the former Moose Jaw-Thunder Creek Health District and South Country Health Districts. The approach to needs assessment was historically highly coordinated between the former districts, and involved an intersectoral approach to needs identification and strategic response. Age cohorts were used in focussing needs assessment work (prenatal to age 4, child & youth 5-19, adults 20-64, seniors 65+). The following is a summary of some of the data that has been compiled. Source documents provide a more comprehensive overview.

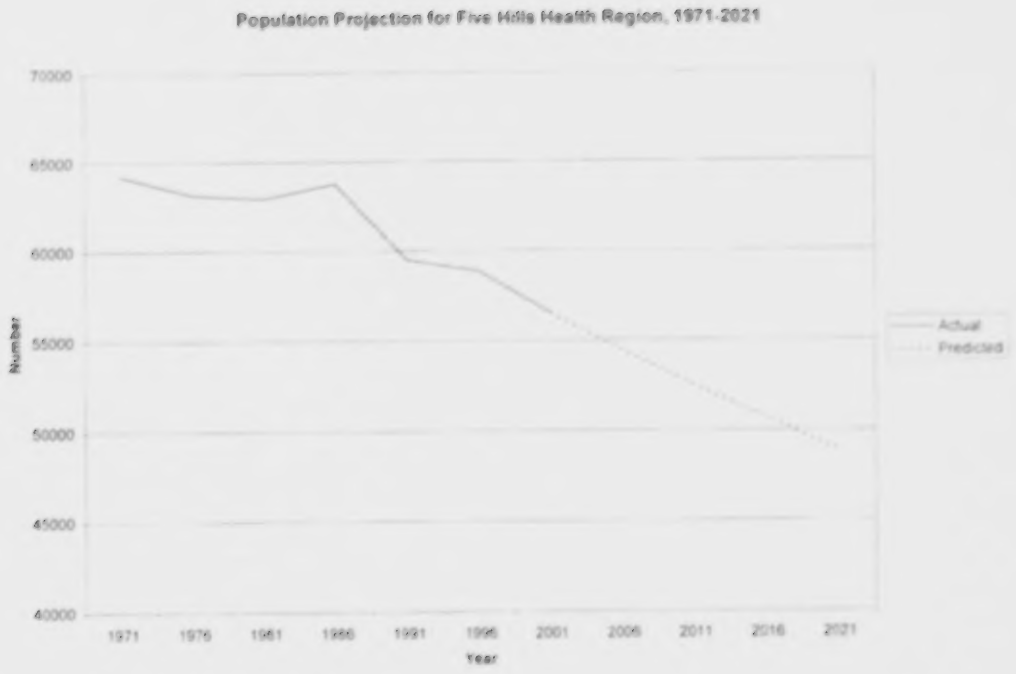
FHHR indicators were derived from the Canadian Institute of Health Information's Structural Framework of Health Indicators from four broad categories of Health Status, Non-Medical determinants of Health, Health System Performance and Community and Health System Characteristics. The source of the data for these indicators is provided by Saskatchewan Health, Regional Hospitals, Canadian Community Health Survey, Breastfeeding Survey, Child & Youth Needs Assessment, HSURC, Health Canada and Stats Canada.

Five Hills Health Region Demographics

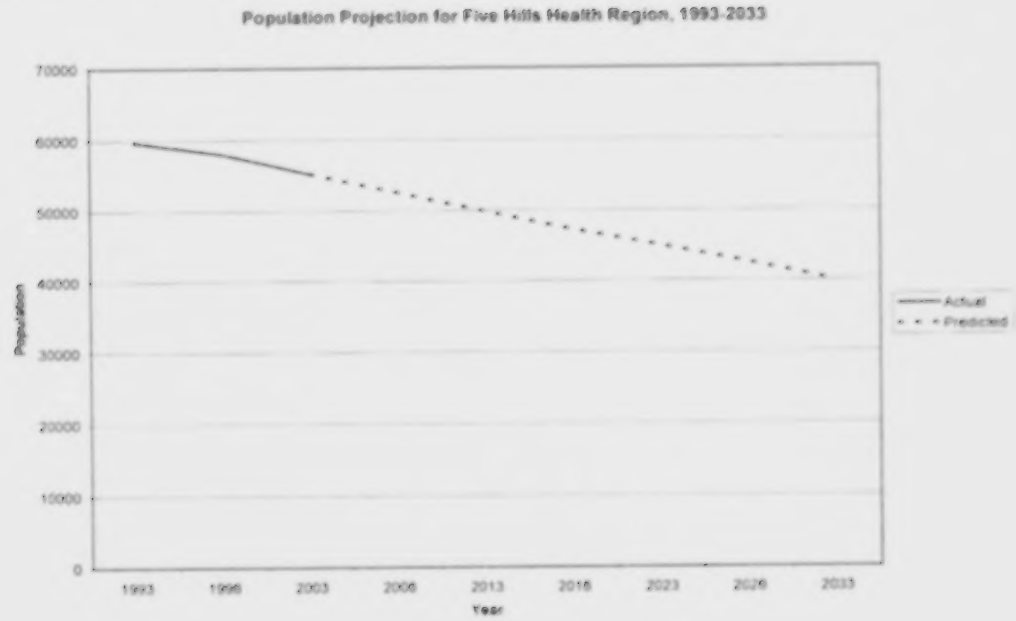
Population Age Distribution for Five Hills Health Region, 2004



The City of Moose Jaw accounts for the largest portion (63%) of the Region population. The population of the FHHR as of 2004 was 55,629. About 23% of the FHHR residents live in towns and villages, 63% live in Moose Jaw and 15% live in RM's.



Source: Sask Health & Stats Canada

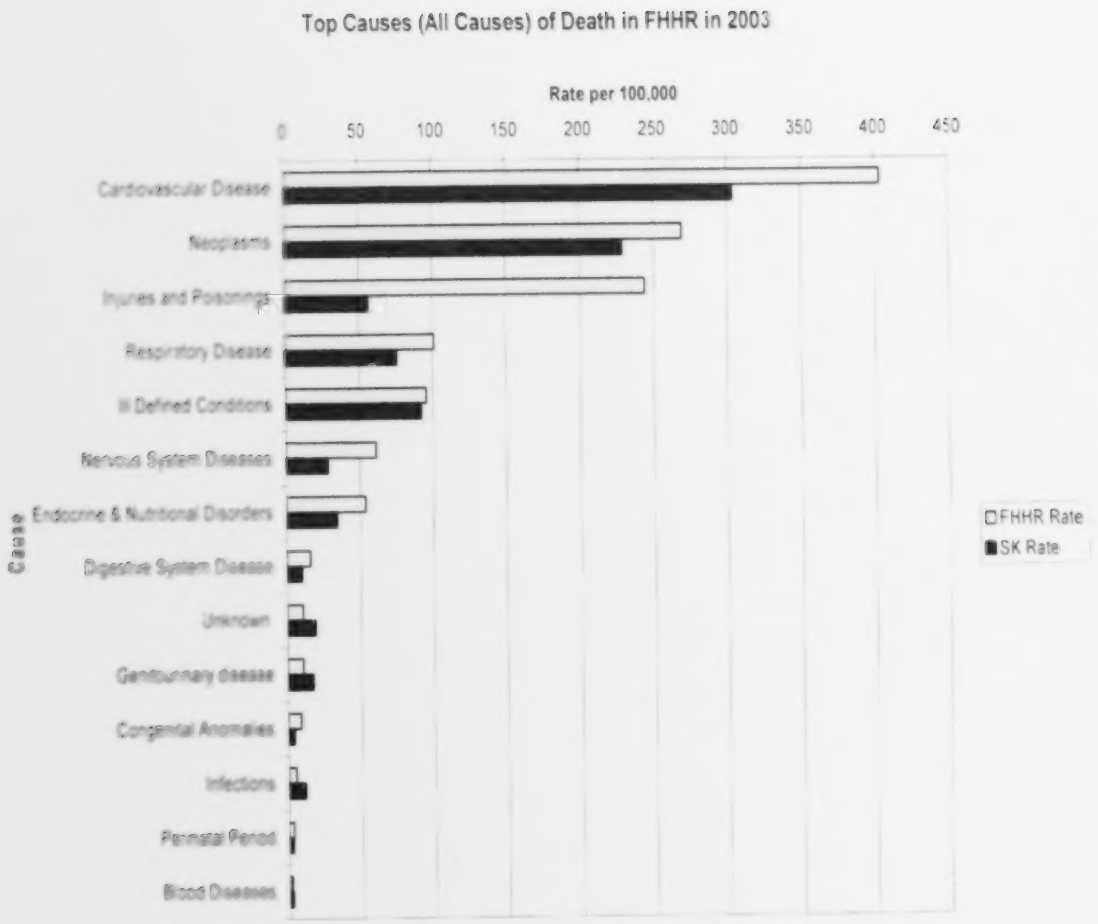


Source: HSURC population projection spreadsheet template

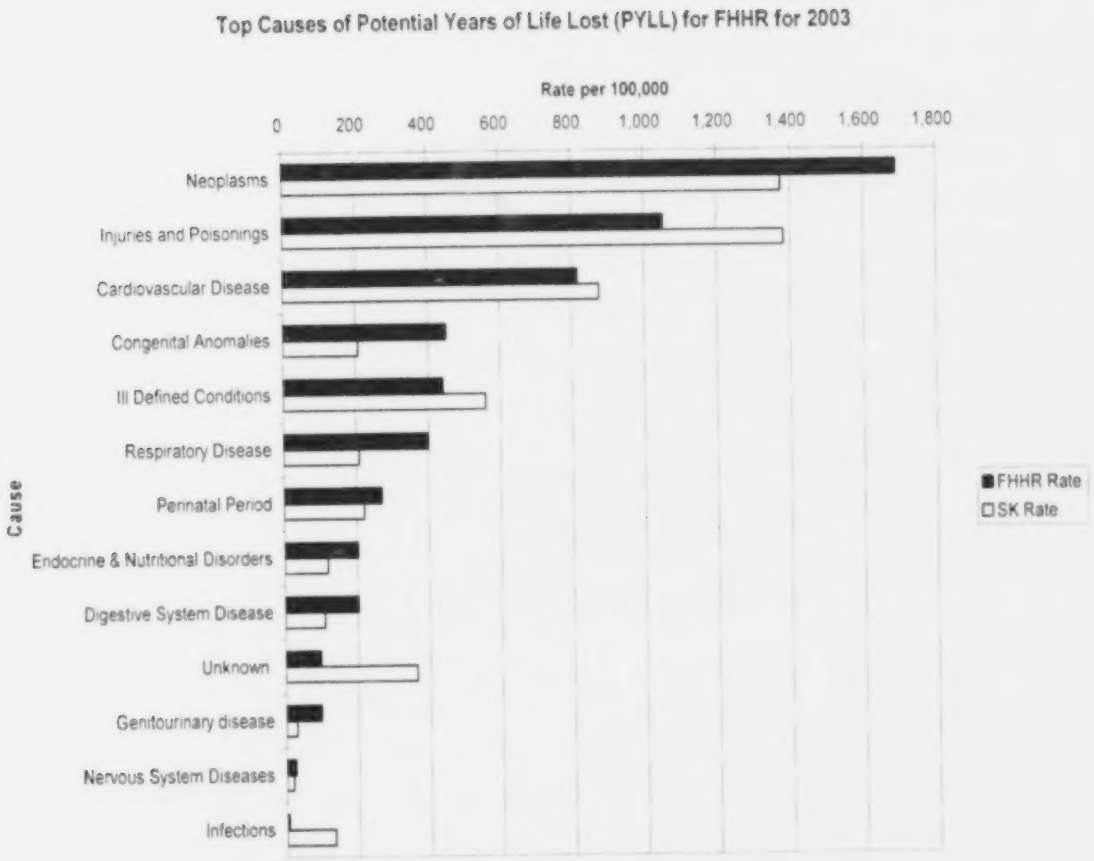
The projected population for the Five Hills Health Region is shown to be steadily decreasing over the next twenty years (1971-2021) and the next thirty years (1993-2033). Reassessments need to be done every five years.

Health Status

Mortality



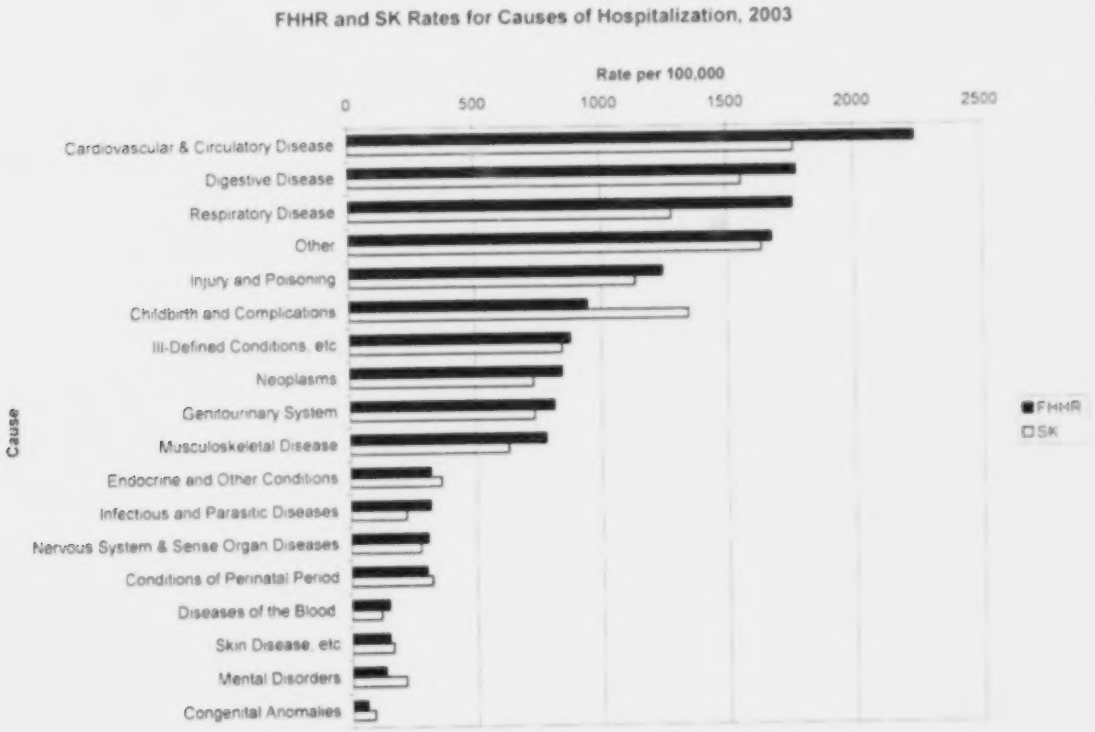
Cardiovascular disease, neoplasms, injuries and respiratory disease appear as the top four causes of death in FHHR.



PYLL measures premature deaths. Although death rates from various diseases are important, the measure of premature and preventable death is of more interest since programs and activities may reduce these premature deaths along with associated morbidity.

Morbidity

The single highest cause of hospitalization is cardiovascular disease followed by digestive disease, respiratory disease, other causes, injury and childbirth & complications. Co-morbidities and health behaviours such as diabetes (an endocrine disease), smoking, sedentary lifestyles, obesity, hypertension, and hypercholesterolemia, impact significantly on cardiovascular disease.



Diabetes: Hospitalizations due to diabetes are distributed through the lifespan, from youth to old age. Complications of diabetes such as cardiovascular disease are listed as separate hospitalization diagnoses. Between 4.9 to 5.8% of Canadians nationally, over the age of 12, have diabetes (1996/97, Canadian Population Health Survey). In Saskatchewan, based on 1996 figures, the overall prevalence rate of diabetes is 3.7 %. In 2001, the SK prevalence had risen to 4.1%. The likelihood of having diabetes is proportional to age.

Diabetes Prevalence rate per 1000 FHHR population:

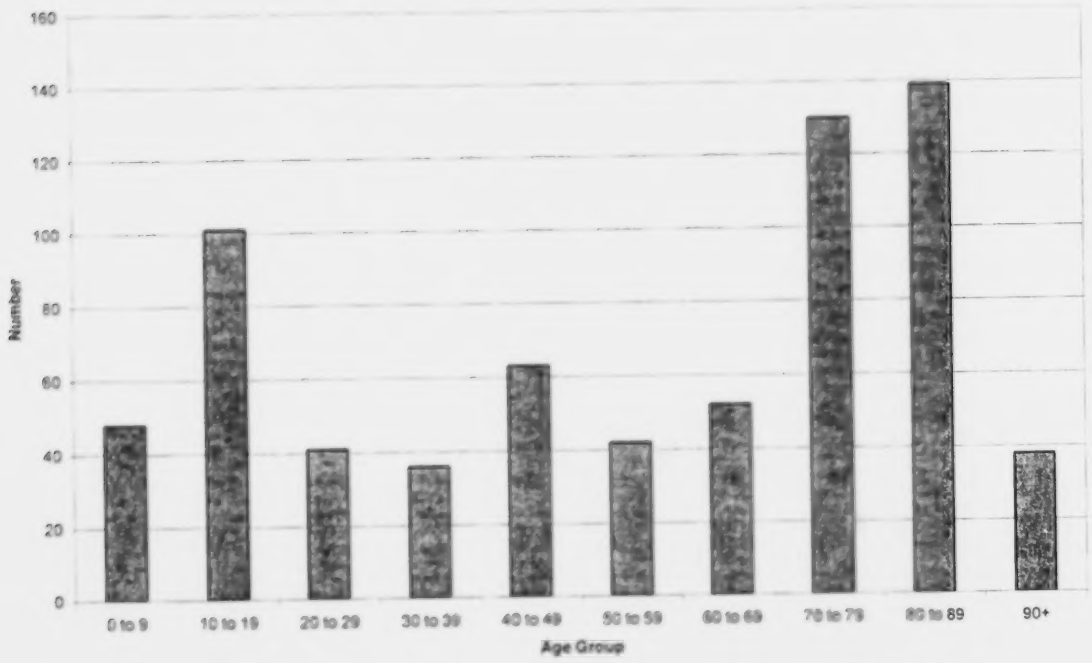
Total general population: 44.5
Total registered Indian: 52.4
Total male and female: 44.6
Regional age-sex adjusted prevalence rates per 1000: 37.4

Approximately 90% of diabetic people have Type II Diabetes which is associated with age, obesity, and physical inactivity (Diabetes 2000).

Asthma: Asthma hospitalizations are most common in children and young adults. Hospitalizations due to asthma in FHHR, 2003 were highest in the age groupings under 1 (14%), 1 to 4 (42%) and 5 to 9 (16%). In this same period, all age group asthma hospitalizations accounted for 1.2% of hospitalizations in the region. Saskatchewan Health estimates exposure to environmental tobacco smoke raises a child's risk of asthma by 43% and of bronchitis by 46% (2001).

Injury: The highest number of hospitalizations is for seniors aged 75 to 79 (12%) and 85 to 89 (12%). Five Hills Health Region residents may be hospitalized in other regions as well. According to the Hospitalizations for Child Injuries in FHHR, for children under 20 years of age, for the period 2003, the following types of accidents accounted for hospitalizations: falls (29%), motor vehicle or traffic (13%), surgical/medical complications (9%) and other (20%).

Injury Hospitalizations by Age group for FHHR, 2003



Life Expectancy: In 2001, life expectancy for both sexes at birth was almost 79 years and almost 19 (further) years at age 65 for FHHR. This was similar to the provincial figures.

Disability-free Life Expectancy: Life expectancy is the number of years a person would be expected to live, starting from birth (for life expectancy at birth) or at age 65 (for life expectancy at age 65), on the basis of the mortality statistics for a given observation period. Disability-free life expectancy is a more comprehensive indicator than that of life expectancy because it introduces the concept of quality of life. It is used to distinguish between years of life free of any activity limitation and years experienced with at least one activity limitation.

Disability-free life expectancy at birth: Canadians born in 1996 were expected to live free of any disability for 68.6 years of their life. For the same year, SK was at 68.3 years, and FHHR was at 68.2 years. Most major urban centres have high disability-free life expectancy at birth as compared to below-average disability-free life expectancy at birth in most of the Far North and rural Atlantic Canada.

Disability-free life expectancy at age 65: In 1996, Canadians aged 65 years were expected to have another 11.7 disability-free years left to live. For the same year, SK and FHHR were both at 12 years. Most high-density metropolitan areas have high disability-free life expectancy at age 65 as compared to below-average disability-free life expectancy at age 65 in most of Northern Canada. Disability-free life expectancy was not significantly different from the national average in the other health regions of Far Northwestern Canada, peer group F, which is comprised of health regions in Northern Canada, mainly in the Prairies, British Columbia and the territories.

Health Adjusted Life Expectancy (HALE): is an indicator of overall population health. It combines measures of both age- and sex-specific health status, and age- and sex-specific mortality into a single statistic. HALE represents the number of expected years of life equivalent to years lived in full health starting from birth (for life expectancy at birth) or at age 65 (for life expectancy at age 65), based on the average experience in a population. In this sense, HALE is not only a measure of quantity of life but also a measure of quality of life. This indicator is replacing the disability-free life expectancy indicator. Data for HALE is only available at the provincial and national level at this time. Residents born in Saskatchewan in 2001 were expected to live lives in good health for 67.3 years if males and 70.2 years if female. For the same year, Canada was at 68.3 years for males, and 70.8 years for females. In 2001, Saskatchewan residents aged 65 years were expected to have another 12.5 years for males and 14.6 years for females of healthy life left to live. For the same year, Canadians aged 65 years had 12.7 years if male and 14.4 years if female of health life left.

Infant Mortality, Teens and Birth Weights:

From 1998-2002, infant mortality in FHHR has been lower than the province most years. Range in FHHR is 2.7– 8.2 per 1000, averaging at 5.5. The SK IMR ranges from 5.6 – 8.9, with an average of 6.2.

Most babies are born to mothers between 20 and 34 years of age in FHHR. Teen pregnancies in FHHR peaked in 1998 at 12.8 % of all births. The rate is declining and 2003 birth data, the teen birth rate was 7.5% of all births [Saskatchewan rate is 9.9%]

High birth weights in the FHHR for 1998 to 2002 was a rate of 14.9 % (Saskatchewan 15.7%).

Low Birth-Weights (LBW) expressed as a % of all births: Between the years 1998 and 2002, FHHR range of % LBW for FHHR: 5.1 – 7.0% (av. = 6.1; for SK: 5.1 – 5.4 % (av. = 5.3). Birthweights are impacted upon by smoking in pregnancy, race, parity, maternal size, socio-economic status, gender of baby, and gestational and maternal age.

Breastfeeding: From then 0-5 Needs Assessment, exclusive breastfeeding to 4 months was significantly below the accepted national rate. This was due in part to the inappropriate use of supplementation of formula or glucose-water and not strictly

adhering to the breastfeeding definition. Initiation of "some" breastfeeding was 87%. Only 37% still did "some" breastfeeding at 6 months. The Canadian Paediatric Society, Dieticians of Canada, and Health Canada recommend exclusive breastfeeding for at least the first 4 months of life and continuing with other foods to 2 years and beyond.

The second survey (2002/03) showed, initiation of "some" breastfeeding was 92%. Only 37.3% still did "some" breastfeeding at 6 months.

Self-Rated Health Status: In FHHR, 59% of people rated their health as very good to excellent as compared to 56.8% in the province. (CCHS, 2001) And for 2003, FHHR, 56% of people rated their health as very good to excellent as compared to 60% in the province. (CCHS, 2003)

Non-Medical Determinants of Health

Income and Social Status: Statistics Canada has unveiled (27th May 30, 2003) a new poverty measure, namely the Market Basket Measure which includes poverty rates by geography, taking into account rents and cost of essential food items, amongst others. Saskatchewan is about in the middle of the field at 13.9% of inhabitants living in "market basket" poverty (range: NFLD @ 23.4%, to ONT @ 11%). *(Note: Regional data not available at this time).* Low income cut-offs are still used as well. The low income cut-off is under $30,000 before tax annual income.

In FHHR in 1999, 17% of households made less than $20K, 53% made between $20K and $60K and 30% made over $60K. Twelve percent of the FHHR families are single parent and have an average total income of $26,106. The average married total income is $51,790. For FHHR in 2001, 11.2% of families were considered to have low income (11.8% for SK). In 2001 in FHHR, 18.6% of children 17 and younger belonged to low income families (19.0% for SK).

Households on government assistance: 2004/2005 as of April 2005: 1227 people/families are on some kind of government assistance program in Moose Jaw and surrounding areas. 5.6% are on transitional employment allowance (69/1227 = 5.6%) and 94.4% are on full social assistance (1158/1227 = 94.4%). Of the 1158, 67.8% are single adults (785/1158 = 67.8%), 4.9% are childless couples (57/1158 = 4.9%), 22.8% are single parent families (264/1158 = 22.8%), and 4.5% are two parent families (52/1158 = 4.5%). From the 2002 Child and Youth Needs Assessment, 6.5% of 10 to 19 were in families that used food programs to get enough food.

Education: From the CCHS 2003, 33.8% of adults had less than a secondary education, 23.4% had a secondary education, 6.6% had a trade, diploma or some college/university and 34.5% had a post secondary degree. In a recent survey (2003) of select areas of the region, 20% of adults had less than a secondary education, 27% had a secondary education, 52% had post secondary education.

Physical Activity: For FHHR in 2001, 40.9% of residents are moderately active to active (SK – 44.1%) and 51.2% of residents are inactive (SK – 48.9%). For FHHR in 2003, 49.9% of residents are moderately active to active (SK – 49.6%) and 48.3% of residents are inactive (SK – 47.8%) {CCHS (Stats Can web site) 2001 & 2003}.

Body Mass Index: Body mass index (BMI)-Canadian standard, which relates weight to height, is a common method of determining if an individual's weight is in a healthy range based on their height. BMI is calculated as follows: weight in kilograms divided by height in metres squared. The index is: under 18.5 (underweight), 18.5-24.9 (acceptable weight), 25-29.9 (some excess weight) and greater than 30.0(overweight). The index is calculated for those aged 20 to 64 excluding pregnant women and persons less than 3 feet (0.914 metres) tall or greater than 6 feet 11 inches (2.108 metres).

Over-consumption of food with poor nutrient quality (high fat, high sugar, high calorie, low nutrients) contributes to obesity, Saskatchewan's silent epidemic. This results in premature death and morbidity from cardiovascular disease and Type II Diabetes, amongst others. High rates of smoking in FHHR further exacerbate premature deaths due to cardiovascular disease.

2003 Rates of overweightness and obesity in FHHR and SK. There is a discrepancy in data due to the database used. Resolution has been made by SK (May 2005). The SK Health data for Overweight and obesity in more detail is available in the Performance Management Summary table (pg. 31).

Derived from CCHS 2003	Overweight FHHR	Obese FHHR	Overweight SK	Obese SK
Stats Can data	37.7%	22.6%	35.5%	19.7%
SK health data	41.8%	25.9%	35.8%	20.5%

Smoking: In FHHR in 2003, 24.1% (22.9% males; 25.3% females) of adults between the ages of 12 to 65 smoked compared to the 24.0% (24.6% males; 23.9% females) of adults of the same age group in the province. There is a clear social gradient between smoking and income level. For example, those earning $12K to $40K had a smoking rate of 40% whereas those earning over $70K had a rate of 19% (2001).

Youth: 18% of 15-19 year olds in Canada in 2003 smoked (Health Canada). 10% of 12-17 year olds in Canada in 2003 smoked (CCHS, 2003). In FHHR in 2002, 20.2% of youth smoke cigarettes daily (2002 Child & Youth Needs Assessment).

Health System Performance

Pertussis (Whooping Cough): There were 843 pertussis cases in Saskatchewan in the year 2000 (83/100,000), a decrease from 1128 in 1999 (108/100,000). In the year 2000, FHHR had 15 cases of pertussis (26/100,000), 6 in 2001 (11/100,000), 151 in 2002 (267/100,000), 23 in 2003 (42/100,000) and 8 in 2004 (14/100,000). The 5 to 12 age group is predominantly affected. The significance of these diseases is that considerable time and staff resources are needed in following up cases and contacts. It is also important to note these rates because this is a vaccine-preventable disease and lower rates would indicate better vaccine coverage. There is also potential for severe disease in the very young or immunocompromised. Pertussis in adults and adolescents is thought to be under-diagnosed. A relatively new vaccine against pertussis (Adacel) is available for people of age 12-54 years. This is now part of the provincially funded childhood immunization program.

Hepatitis C: The incidence of Hepatitis C was 902 cases (88/100,000) in Saskatchewan in 2002. The incidence in the FHHR was 27 cases (48/100,000) in 2002, 15 cases (27/100,000) in 2003 and 14 cases (25/100,000) in 2004. In the Province, between 1998 and 2000, 70% of the new cases had IV drug use (IDU) as a risk factor, whereas in FHHR, at least 37% of those who tested positive for Hepatitis C were intravenous drug users. Risk factors could not be determined for some patients.

A harm reduction program (including a needle exchange program) for injection drug users was established by Public Health in 2002. It includes appropriate immunizations, serological testing, counselling and referrals to addictions, social services, physicians, etc.

HIV: In FHHR for the years 1998 through 2003 there were a total of 6 cases, with an average of 1.2 cases per year.

Immunization Rates:

2004	Diphtheria	Haemophilus Influenza type B	Measles	Mumps	Pertussis	Polio	Rubella	Tetanus
FHHR	82.9%	82.3%	80.7%	80.3%	82.9%	82.9%	80.7%	82.9%
SK	73.3%	72.5%	71.7%	71.6%	73.3%	73.3%	71.6%	73.3%

These coverage rates are for children who reached the age of 2 years in 2004.

Risk Management:

The Five Hills Regional Health Authority adopted an enterprise risk management approach in late 2004/05. The Quality Improvement Unit of the Five Hills Health Region has been designated as the risk management committee for the organization. Risk identification and prioritization will be undertaken in 2005/06. Top risks will be identified in the revised Strategic Plan for the FHRHA. Examples of some risks and associated responses have been summarized in the table that follows:

Enterprise Risk Management Risk Domains

RISK DOMAINS:					
Operational	**Financial**	**Human Capital**	**Customer & Community Relations**	**Legal and Regulatory**	**Technology**
RISK MANAGEMENT (list not exhaustive, but indicative):					
Occurrence Reports Review of serious events Emergency Measures drills Infection Control Claims Management Chart reviews Program Reviews Management of workers' compensation claims Presentations (fiduciary responsibilities) Restraint policy and compliance Compliance with issue alerts Ensuring effective credentialing Monitoring and implementing compliance with standards on patient/ client/ resident safety	Policy Limits e.g. Purchasing, investments Financial audit Financial monitoring and reporting Contract reviews with third parties Review and reporting of dashboard indicators Maintaining capital reserves Having indemnity clauses in contracts	OH&S actions Employee Incident Reports Environmental safety Transfers, Lifts, Repositioning Training Strike contingency Harassment policy, process Conflict of Interest policy Human resource monitoring and reporting Credentialing Orientation programs for staff, volunteers, physicians, students Staff training Recruitment & retention	Complaints monitoring and investigation Single point of entry practice Advanced care directive policy and implementation Compliance with informed consent Review of research proposals Issues management Communication strategy for community interest items	Legislative compliance Ensuring certification and Licensing compliance Accreditation improvement plan Reporting OH&S requirements and reporting investigating results Reviewing and Reporting of Critical Incidents HIPA policies and compliance oversight Morbidity & mortality reviews	Compliance with product/ equipment alerts IT security monitoring IT data security policies and reviews Preventative Maintenance Planning for equipment replacement Capital planning Facility planning

Major Initiatives and Accomplishments

This section briefly highlights and summarizes major initiatives and accomplishments over the last year.

- A plan for a New Wing at Moose Jaw Union Hospital has been developed and announced;
- The Region has initiated a plan for Primary Health Care that includes the geographic areas of Central Butte, Gravelbourg, Assiniboia and Moose Jaw. The team is well underway in Central Butte. Discussions are underway with medical staff in Gravelbourg. Similar discussions will be initiated in Assiniboia in the coming weeks. Cross regional teams will also be established to focus on Diabetes, Mental Health/ Addictions, injuries and cardiovascular health. The region is working closely with school divisions to coordinate our PHC initiative with their School^{plus} initiative;
- The Region is currently developing a Continuing Care Strategy to improve service coordination and access to a broad range of community and institutional services to our seniors;
- The Region has developed a Population Health Promotion Strategy for the region. The Strategy focused on Active Communities, accessible nutritious foods, Mental well-being, decreased substance use/abuse, and injuries;
- The fixed CT Scanner was opened at Moose Jaw Union Hospital in September, 2004;
- The Satellite Renal Dialysis service was opened at Moose Jaw Union Hospital in December, 2004;
- The addition of long term care beds to the Assiniboia Union Hospital and upgrade to building systems has been initiated with substantial completion of the project targeted for March 31st, 2005;
- The sale of the former Pioneer Lodge building (Assiniboia) and former hospital building (Central Butte) was successfully completed – resulting in community initiatives to develop Personal Care Homes.
- The Region undertook research in partnership with Health Canada and Sask Health to examine WNV Sero-prevalence for residents of the region. The study outlined the significant prevalence of WNV in the area as a result of infection through the late summer/early fall of 2003;
- Pandemic Planning will continue to be a focus for the region, the province and the country in 2005;
- A Drug Strategy is being developed for the region – with intersectoral participation. A similar strategy developed in Regina has proven that a joint effort can produce desired results in tackling illicit drug use.
- The Region has participated in the surgical waitlist registry as an initiative of the Saskatchewan Surgical Care Network;
- The Region will participate in a similar waitlist registry for Diagnostic Services;

- The Five Hills Regional Health Authority provided support for the People for a Smoke Free Moose Jaw, in successfully establishing public places in Moose Jaw as smoke-free effective February 1st, 2004, and further, in advocating for changes to the Tobacco Control Act that provided for a smoke-free province effective January 1st, 2005;
- Recruitment activities for specialists has resulted in bringing the Region within one specialist of the target set to optimally serve the population;
- The Five Hills Regional Health Authority established a South Regions Forum – to promote dialogue and planning in southern Saskatchewan to improve the experience of patients as they are transferred from community hospitals, to regional hospitals, to tertiary care and back home with appropriate supports. Planning is also underway to explore itinerant services and specialized services that can visit or link in via telehealth;
- The Region has been involved in Provincial IT Planning and Implementation – leading up to the future electronic health record;
- The Region has developed a Quality Improvement Unit with strong linkages to the Health Quality Council.
- The Region has participated in studies conducted by the Health Quality Council. Studies involving Heart Attack Care, Drug Management in Long Term Care, and an ICU Collaborative have presented an opportunity for the region to partner with the HQC in improved care and patient outcomes.
- The Region will participate in a national Accreditation Survey to be conducted in November, 2005 by the Canadian Council on Health Services Accreditation.
- The Region will be embarking on a Needs Assessment Survey of adults and seniors in the FHHR. The survey will examine areas of activity levels, nutrition, mental health/ addictions, injuries.
- The Region participated on the Moose Jaw Mental Health Housing Committee, with the Moose Jaw Non Profit Housing Corporation and the Moose Jaw Housing Authority to develop a proposal for an 18 unit apartment block to be located at 250 High Street West. The development is currently under construction, and will also house the Moose Jaw Community Service Centre – operated by the health region.

Progress and Results

The Five Hills Regional Health Authority adopted a planning cycle in May of 2003 in order to develop a long term strategic plan for the newly formed region. It was the intent of the Authority to develop a draft strategic plan that would form the basis for dialogue with staff, physicians, communities and stakeholders throughout the region. The plan was drafted in late 2003 and was circulated with a view to making further revision based upon information and feedback received. Revisions were made to the original draft in February, 2004 and adopted by the Authority.

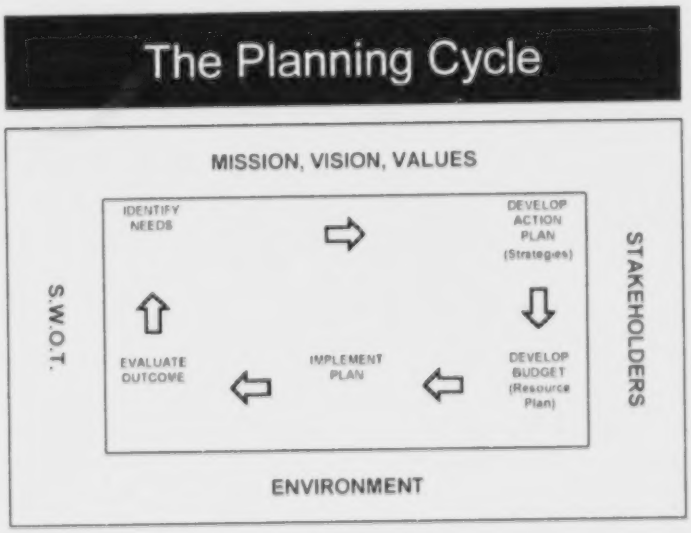
The planning cycle begins with a review of Saskatchewan Health Performance Plan, the Mission, Vision, Values and Goal statements of the Authority, needs assessment and health status information, an environmental analysis (demographic, technological, socio-economic, cultural and political factors), a S.W.O.T. (strengths, weaknesses, opportunities, threats) analysis, and stakeholder analysis.

The plan is a compilation of input from the public, staff, physicians, managers and key stakeholders. The strategic plan is based on needs of the public served and a recognition that partnerships with a wide range of municipal and community services are required to achieve a healthy population. It is recognized that health care is only one contributing factor to a healthy person and healthy population.

The planning cycle and approach was adopted – recognizing the need to strengthen reliance on literature and evidence, analysis, assessment, and evaluation. It is important to note that significant financial constraints also exist and are unknown in the long term. Each of these factors will impact our ability to carry out the long term initiatives.

A copy of the Five Hills Health Region Strategic Plan is available at www.fhhr.ca

The Five Hills Regional Health Authority regularly reviews progress with respect to strategic and operational plans.



Organizational Effectiveness

The following is a summary of several indicators of organizational effectiveness for the FHHR.

Organizational Effectiveness Measurements for Quality

Indicator		Five Hills	Provincial Comparison	Range
Organizational Effectiveness Indicators				
2.1.1.1.	CCHSA current accreditation status for RHAs	Planned November 2005	n/a	n/a
2.1.1.2.	Number of client contacts with the Regional Quality of Care Coordinator to raise a concern *2003-04*	151	n/a	n/a
2.1.1.3.	Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2003-04*	88%	87%	25% - 90%

Each region has a Quality of Care Coordinator or Client Representative to handle concerns or complaints regarding services provided by the Regional Health Authority (RHA). It is important to keep in mind that not contacting a Quality of Care Coordinator does not necessarily imply satisfaction with the health care system. One way of measuring client satisfaction is to conduct patient satisfaction surveys that may capture both clients with concerns who called the QCC to discuss and clients with concerns who did not call the QCC to discuss.

Organizational Effectiveness Measurements for Human Resources

Indicator		Five Hills	Provincial Comparison	Range
2.1.1.8.	Number of sick leave hours per full time equivalent (FTE) PROVIDER UNIONS (SEIU) *2004-05*	85.56	94.84	74.09 – 107.86
	Number of sick leave hours per full time equivalent (FTE) HSAS *2004-05*	54.82	63.34	52.54 – 120.03
	Number of sick leave hours per full time equivalent (FTE) OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	39.93	47.69	38.86 – 56.87
	Number of sick leave hours per full time equivalent (FTE) SUN *2004-05*	88.86	93.07	70.00 – 98.43

Work absence is the failure of employees to report for work when they are scheduled to work. Absence as a result of illness or injury (sick leave) is often used as a proxy

measure for a healthy workplace. In the 2000 Canadian Labour and Business Centre Leadership Survey, business leaders and trade unions identified low absenteeism rates / high morale among the top five indicators of a healthy workplace.

Absenteeism is one of the five "Quality of Worklife Indicators" identified by the Canadian Council on Health Services Accreditation (2002).

Statistics Canada Labour Force Survey indicates that those in health occupations are more likely than those in other sectors to miss work due to illness or disability. In 2000, on average, 7.2% of full-time workers in health occupations missed work each week due to illness or disability. This ranged from a low of 5.4% in Prince Edward Island to a high of 9.3% in Nova Scotia; Saskatchewan's rate was 8.0%. Professional nurses, who comprise the largest professional group of the health workforce in Saskatchewan, have the highest rate of absences of any occupation.

Absence from scheduled work is a "lagging" indicator. It reflects the cumulative impact of a wide range of workplace problems including psychological stress, low staff morale, and employee dissatisfaction.

Work absence correlates closely with turnover, and therefore becomes an early warning of retention issues. It can also affect the morale of the employees who come to work every day (Fitz-enz and Davison 1995). Addressing its root causes could contribute significantly to employee quality of life and the health care system's overall efficiency and cost-effectiveness.

Work absences reflect a wide range of workplace problems. If problems are not being addressed one should not expect to see changes in the rate.

Program-Specific Expectations

Community Care Indicators

Indicator		Five Hills	Provincial Comparison	Range
2.2.7.2.	Alcohol and drug outpatient treatment completion rate per 100 admissions *2003-04*	57.1%	58.4%	43.7% – 72.6%

For clients, a successful treatment experience is contingent on the completion of an appropriate substance abuse program. Lack of successful completion may be indicative of an inability to meet the service needs of the clients. This does not necessarily denote system ineffectiveness – clients must be ready for treatment and be properly directed to a service that most completely addresses the holistic needs of the client. It should also be noted that for many substance abusers who are in remission, success has come after several failed attempts at alcohol and drug treatment. Individuals who are part of an inpatient / residential alcohol and drug treatment program are likely to become, or are already, outpatient alcohol and drug clients. This may create a picture of greater overall population utilization when in fact a smaller chronic group are being counted as clients in several programs instead of being identified as a singular discrete client receiving a number of services through the alcohol and drug treatment continuum.

Population Health Indicators

Indicator		Five Hills	Provincial Comparison	Range
2.2.6.6	Genital chlamydia rate per 100,000 population MALES *2003*	124.7	268.1	27.4 – 3,259.0
	Genital chlamydia rate per 100,000 population FEMALES *2003*	246.5	473.4	53.8 – 5,784.4

Genital chlamydia case rates are a proxy for high risk, unprotected sexual activity. The information may be loosely associated with the effectiveness of public health messaging on disease prevention and harm reduction, adequate treatment of cases and follow up to locate, test and treat infected sexual contacts. This is a reportable communicable disease therefore case information is accessible from two sources – health provider and laboratory. It is noted that age-adjusted rates would provide for better comparison between regions, however, due to current standard reporting procedures this was not done. Not all individuals with genital chlamydia are aware of their infection and may not seek medical attention. Also, not all symptomatic infected individuals seek medical attention. Therefore, rates do not reflect the actual rate of infection in the community. Not all physicians request diagnostic testing. Therefore, some infected individuals with symptoms of the disease will not be included in the disease rate. Chlamydia rates do not directly correlate with treatment. Providers will prescribe treatment without submitting a diagnostic specimen. The incidence rate of chlamydia was included in the "Saskatchewan Comparable Health Indicators Report 2004" (Saskatchewan Health, 2004).

Indicator		Five Hills	Provincial Comparison	Range
2.2.6.7	Influenza immunization rate per 100 population (age 65 years and over) *2003-04*	66.1	65.8	56.8 – 72.8

Immunization rates are a reliable indicator of prevention. Immunization data facilitates the control and elimination of vaccine preventable diseases in Canada by ensuring the provision of information and knowledge necessary to achieve the best possible immunization coverage for Canadians. Vaccine preventable diseases have certain attributes that make them very suitable candidates for clearly defined national goals and targets: currently existing control programs of demonstrated effectiveness, measurable outcomes, a clear linkage of resources with strategies, and indicators for surveillance already in place. Immunization rates provide information on the extent to which preventive measures are in place and being utilized to control life-threatening diseases. However, the percentage of the eligible population receiving immunization reflects more than access to, and availability of, appropriate health care. The decision on whether or not to receive an immunization can be influenced by socio-cultural conditions, educational attainment, and the economic environment. As such, increasing immunization rates are likely to require more than enhanced availability/accessibility of health services. Data quantity and quality may affect how accurately the immunization rate reflects true immunization coverage. Immunization for influenza was included in the "Saskatchewan Comparable Health Indicators Report 2004" (Saskatchewan Health, 2004).

Acute & Emergency Services Indicators

Indicator		Five Hills	Provincial Comparison	Range
2.2.1.3.	Number of exams for specialized medical imaging services: computed tomography (CT) scans *2004-05*	2817	n/a	n/a

The Canadian Institute for Health Information (CIHI) defines the following terms in Appendix B of its report "Medical Imaging in Canada, 2004":

Modality	A treatment, or method of examination (e.g. X-ray, ultrasound, CT scan, MRI).
Examination	A defined technical investigation using an imaging modality to study one body structure, system or anatomical area that yields one or more views for diagnostic and/or therapeutic purpose. Exceptions include routinely ordered multiple body structures that by common practice or protocol are counted as one exam.
Computed Tomography Scan (CT) or Computed Assisted or Axial Tomography (CAT) Scan	A diagnostic technique that uses X-rays and computer technology to produce cross-sectional images (often called slices), both horizontally and vertically, of the body. A CT scan can show detailed images of various parts of the body, including the bones, muscles, fat, and organs. They are more detailed than general X-rays.
Magnetic Resonance Imaging (MRI)	A diagnostic technology that uses a large magnet, radio waves, and computer to scan a patient's body and produce two or three dimensional images of tissues and organs.

Challenges and Future Directions

The environmental scan, needs assessment, operational reviews, quality initiatives and risk assessments conducted within the region inform future planning cycles. In fulfillment of the organizational mission, and in response to these factors, the Authority has adopted 11 top strategic priorities as follows:

1. **Quality** – to focus on further development of the region's quality improvement program, including risk management;
2. **Primary Health Care** – to continue to implement the PHC strategy of the region;
3. **Population Health** – to develop a plan for the region, consistent with provincial and regional priorities;
4. **Chronic Disease Management** – to develop an approach as part of PHC development;
5. **Continuing Care Strategy** – to focus on a more integrated approach to tailoring client/resident services in community (and admission to LTC) through a coordinated single point of entry;
6. **Community Development** – to further develop through intersectoral partnerships, Community Advisory Networks and strengthened community engagement and communication;
7. **Customer Service** – to analyze and strengthen our approach in strategic areas;
8. **Balanced Scorecard** – to introduce to the FHHR;
9. **Capital Planning** – to complete the AUH project, develop the funding approach for a new wing at MJUH;
10. **Accreditation** – to prepare for survey in the fall of 2005.
11. **Patient Safety** – to establish the processes and systems in place to meet the goals as articulated by the Canadian Council on Health Services Accreditation

Future strategic priorities will be accomplished over time, as resources (human and financial) permit. It is also acknowledged that extraordinary conditions could emerge that the region will need to focus on, manage appropriately, minimize or mitigate. Contingency planning is a major risk management initiative – establishing plans to respond to disaster, labor dispute, disease outbreak or other significant event. Such events could affect the region's ability to deliver core services, and reduce the pace of new initiatives.

Capital Projects and new program initiatives will only be implemented where a source of funding has been identified and provincial approval has been granted.

Performance Management Summary

The accountability framework established for regional health authorities provides for expectations and measures of performance. The following is a list of performance indicators currently measured/monitored regionally and provincially.

Indicator		FHHR	Provincial Comparison	Range
Organizational Effectiveness Indicators				
2.1.1.1.	CCHSA current accreditation status for RHAs	Planned November 2005	n/a	n/a
2.1.1.2.	Number of client contacts with the Regional Quality of Care Coordinator to raise a concern *2003-04*	151	n/a	n/a
2.1.1.3.	Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2003-04*	88	87%	25% - 90%
2.1.1.8.	Number of sick leave hours per full time equivalent (FTE) PROVIDER UNIONS (SEIU) *2004-05*	85.56	94.84	74.09 – 107.86
	Number of sick leave hours per full time equivalent (FTE) HSAS *2004-05*	54.82	63.34	52.54 – 120.03
	Number of sick leave hours per full time equivalent (FTE) OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	39.93	47.69	38.86 – 56.87
	Number of sick leave hours per full time equivalent (FTE) SUN *2004-05*	88.86	93.07	70.00 – 98.43
2.1.1.9.	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) PROVIDER UNIONS (SEIU) *2004-05*	11.30	26.65	11.30 – 61.97
	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) HSAS 2004/05	14.56	22.38	2.89 – 48.65
	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) OOS/OTHER* 2004-05 * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	0.24	2.43	0.00 – 6.45
	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) SUN 2004-05	19.92	63.99	19.92 – 314.54

Indicator		FHHR	Provincial Comparison	Range
2.1.1.10.	Health system full time equivalents (FTEs) PROVIDER UNIONS (SEIU) *2004-05*	795.40	n/a	n/a
	Health system full time equivalents (FTEs) HSAS *2004-05*	70.17	n/a	n/a
	Health system full time equivalents (FTEs) OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	99.93	n/a	n/a
	Health system full time equivalents (FTEs) SUN *2004-05*	255.91	n/a	n/a
2.1.1.11.	Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2004-05*	5.81	6.52	4.32 – 9.67
2.1.1.12.	Number of lost-time WCB days per 100 full time equivalents (FTEs) *2004-05*	481.62	345.86	152.43 – 492.92
2.1.1.17.	Worked hours as a percentage of paid hours PROVIDER UNIONS (SEIU) *2004-05*	80.1%	79.8%	78.5% - 81.5%
	Worked hours as a percentage of paid hours HSAS *2004-05*	82.5%	82.0%	79.7% - 83.5%
	Worked hours as a percentage of paid hours OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	82.7%	81.1%	69.5% - 83.7%
	Worked hours as a percentage of paid hours SUN *2004-05*	78.3%	79.1%	77.3% - 85.4%
2.1.1.18. a	Working capital ratio *2004-05*	1.69	Not Available	.45 – 1.69
2.1.1.18. b	Number of days able to operate with working capital *2004-05*	28.83	Not Available	(68.06) – 28.83
2.1.1.19.	Surplus/deficit as a percentage of actual expenditure *2004-05*	0.9%	n/a	(1.5%) – 1.4%
2.1.1.21.	Budget versus actual expenditures ACUTE CARE funding pool *2004-05*	(18,219)	n/a	n/a
	Budget versus actual expenditures SUPPORTIVE CARE funding pool *2004-05*	334,245	n/a	n/a
	Budget versus actual expenditures COMMUNITY BASED CARE funding pool *2004-05*	25,107	n/a	n/a
	Budget versus actual expenditures PROGRAM SUPPORT funding pool *2004-05*	134,224	n/a	n/a

Indicator		FHHR	Provincial Comparison	Range
Program-Specific Indicators				
Province Wide Services				
2.2.1.2.	Number of exams for specialized medical imaging services: magnetic resonance imaging (MRI) scans *2004-05*	n/a	n/a	n/a
2.2.1.3.	Number of exams for specialized medical imaging services: computed tomography (CT) scans *2004-05*	2817	n/a	n/a
2.2.1.4.	Average wait time in days for admission to Saskatchewan Hospital North Battleford (SHNB) *2004*	51	59	41 – 76
2.2.1.6.	Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre Child and Youth *2003-04*	66.7%	61.6%	44.4% - 91.7%
	Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre Adults *2003-04*	68.6%	70.3%	50.0% - 95.5%
Acute Care Services				
2.2.2.3.a	Number of surgical cases *2004-05*	3895	n/a	n/a
2.2.2.3.b	Percentage of surgical cases performed as day surgery *2004-05*	58%	53%	48% - 66%
2.2.2.4.	Percentage of surgical cases completed within 6 months *2004-05*	91%	81%	74% - 100%
	Percentage of surgical cases completed within 12 months *2004-05*	99%	91%	85% - 100%
	Percentage of surgical cases completed within 18 months *2004-05*	100%	95%	93% - 100%
Institutional Supportive Care Services				
2.2.4.5.	Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores *October 2004*	19.8%	21.8%	12.7% - 29.1%
Population Health Services				
2.2.6.1.	Percentage of eligible population receiving immunization at second birthday (vaccine coverage rate) DIPHTHERIA *2004** * NOTE: SIMS does not capture on-reserve immunizations	82.9%	73.3%	57.3% - 86.3%

Indicator		FHHR	Provincial Comparison	Range
	Percentage of eligible population receiving immunization at second birthday (vaccine coverage rate) MEASLES *2004** * NOTE: SIMS does not capture on-reserve immunizations	80.7%	71.7%	57.3% - 85.6%
2.2.6.6.	Genital chlamydia rate per 100,000 population MALES *2003*	124.7	268.1	27.4 – 3,259.0
	Genital chlamydia rate per 100,000 population FEMALES *2003*	246.5	473.4	53.8 – 5,784.4
2.2.6.7.	Influenza immunization rate per 100 population (age 65 years and over) *2003-04*	66.1%	65.8%	56.8% – 72.8%
2.2.6.8.	Population health promotion plan approved by RHA boards and submitted as part of health region operational plans (fall 2004) and progress report March 31, 2005 *[yes/no indicator]*	Yes	n/a	n/a
Community Care Services				
2.2.7.2.	Alcohol and drug outpatient treatment completion rate per 100 admissions *2003-04*	57.1%	58.4%	43.7% – 72.6%
Primary Health Services				
2.2.9.1.	Percentage of the population served by primary health care teams *March 2005*	5.26%	23.89%	0.00% – 100.00%
2.2.9.3.	Total number of new primary health care teams in the current fiscal year *2004/2005*	0	n/a	n/a
2.2.9.4.	Regional Operational / Budget Plan includes an updated Primary Health Care Plan that identifies the location of primary health care teams *2004-05 [yes/no indicator]*	Yes	n/a	n/a
2.2.9.5.	Regional Operational / Budget Plan includes an updated Diabetes Management Plan *2004-05 [yes/no indicator]*	Yes	n/a	n/a
2.2.9.6.	Regional Operational / Budget Plan outlines potential financial requirements *2004-05 [yes/no indicator]*	Yes	n/a	n/a
2.2.9.7.	Regional Health Authorities participated in 3-year and 5-year evaluations of demonstration sites, as required *2004-05 [yes/no indicator]*	n/a	n/a	n/a

Indicator		FHHR	Provincial Comparison	Range
Emergency Response Services				
2.2.10.1.	Percentage of ambulance calls responded to where at least one of the emergency medical service providers has at least basic-EMT level training *2003-04*	99.70%	98.76%	70.17% – 100.00%
Mental Health and Addiction Services				
2.2.11.2.	Mental health inpatient readmission rate per 100 mental health inpatient separations *2003-04*	26.3%	20.2%	17.9% - 26.3%
2.2.11.3.	Alcohol and drug inpatient treatment completion rate per 100 admissions *2003-04*	n/a		
Program Support Services				
2.2.13.1.	Administrative expenditures in program support funding pool as a percentage of overall base operating funds *2004-05*	3.6%	Not Available	3.6% - 11.5%
Health Status and Outcome Indicators				
3.1.1.1.	Infant mortality rate per 1,000 live births *1998-2002*	5.46	6.24	1.70 – 15.66
3.1.1.2.a	Low birth weight rate per 100 live births *1998-2002*	6.06	5.26	4.34 – 6.19
3.1.1.2.b	High birth weight rate per 100 live births *1998-2002*	14.9	15.7	13.1 – 26.7
3.1.1.4.a	Disability-free life expectancy (at birth) MALES *1996*	66.5	66.6	61.8 – 69.2
	Disability-free life expectancy (at birth) FEMALES *1996*	69.8	70.0	63.2 – 72.5
3.1.1.4.b	Disability-free life expectancy (at age 65 years) MALES *1996*	11.2	11.2	8.7 – 12.1
	Disability-free life expectancy (at age 65 years) FEMALES *1996*	12.7	12.7	8.4 – 13.2
3.1.1.5.a	Life expectancy (at birth) MALES *2001*	75.7	76.2	72.1 – 78.2
	Life expectancy (at birth) FEMALES *2001*	81.6	81.8	76.1 – 82.8
3.1.1.5.b	Life expectancy (at age 65 years) MALES *2001*	16.2	16.9	15.6 – 18.0
	Life expectancy (at age 65 years) FEMALES *2001*	20.6	20.9	17.2 – 21.8

Indicator		FHHR	Provincial Comparison	Range
3.1.1.6.	Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent *2003*	56.3%	59.5%	47.6% – 63.7%
3.1.1.7.	Percentage of population (age 12 years and over) who are current, daily or occasional smokers MALES *2003*	22.9%	24.6%	20.8% – 40.7%
	Percentage of population (age 12 years and over) who are current, daily or occasional smokers FEMALES *2003*	25.3%	23.1%	11.6% – 42.0%
3.1.1.8.a	Percentage of population (age 18 to 64 years) who are overweight (BMI 25.0-29.9) *2003*	41.8%	35.8%	31.7% – 41.8%
3.1.1.8.b	Percentage of population (age 18 to 64 years) who are obese (BMI 30.0+) *2003*	25.9%	20.5%	16.4% – 27.2%
3.1.1.10.a	Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active *2003*	50.6%	49.8%	41.7% – 56.1%
3.1.1.10.b	Percentage of population (age 12 years and over) who report physical activity participation levels of inactive *2003*	47.6%	47.8%	41.0% – 56.4%
3.1.1.12.	Age-adjusted diabetes prevalence rate per 1,000 population *2001-02*	37.1	n/a	29.5 – 72.5
3.1.1.13.	Injury hospitalization rate per 1,000 population (age 0 to 19 years) MALES *2002-03*	14.9	9.3	6.7 – 17.6
	Injury hospitalization rate per 1,000 population (age 0 to 19 years) FEMALES *2002-03*	5.6	6.5	4.6 – 12.0
3.1.1.14.	Hospitalization rate due to falls per 1,000 population (age 65 years and over) MALES *2002-03*	15.8	13.4	3.6 – 20.2
	Hospitalization rate due to falls per 1,000 population (age 65 years and over) FEMALES *2002-03*	30.7	25.1	0.0 – 35.0

Management Report

FIVE HILLS HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and have been approved by the Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and that financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Dan Florizone, B. Comm
Chief Executive Officer

Wayne Blazieko, CMA, MSA, B. Admin
Chief Financial Officer

FIVE HILLS REGIONAL HEALTH AUTHORITY

FINANCIAL STATEMENTS

For the Year Ended March 31, 2005

VIRTUS GROUP

Chartered Accountants & Business Advisors LLP

AUDITORS' REPORT

To the Five Hills Regional Health Authority

We have audited the statement of financial position of the Five Hills Regional Health Authority as at March 31, 2005 and the statements of operations and changes in fund balances and cash flow for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of Five Hills Regional Health Authority as at March 31, 2005 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Regina, Saskatchewan
May 11, 2005

Virtus Group LLP
CHARTERED ACCOUNTANTS

Central Park Plaza, 202 2206 Scarth Street
Regina Saskatchewan S4P 2J6
Telephone 306 522 6500 Fax 306 522 6222
Toll Free 1 888 258 7671
Email virtus.regina@virtusgroup.ca

Statement 1

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2005

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2005	Total 2004
ASSETS					
Current assets					
Cash and short-term investments (Statement 3)	$ 10,307,064	$ 5,489,221	$ 871,170	$ 16,667,455	$ 14,454,836
Accounts receivable					
Saskatchewan Health - General Revenue Fund	191,935	444,828	-	636,763	4,850,521
Other	759,233	32,092	72,053	863,378	790,726
Inventory	800,890	-	-	800,890	655,953
Prepaid expenses	633,713	-	-	633,713	398,123
	12,692,835	5,966,141	943,223	19,602,199	21,150,159
Investments (Market $775,220; 2004 - $1,383,750)	11,525	457,263	109,996	578,784	1,170,757
Capital assets (Note 3)	-	23,972,366	-	23,972,366	20,665,273
Total Assets	$ 12,704,360	$ 30,395,770	$ 1,053,219	$ 44,153,349	$ 42,986,189
LIABILITIES & FUND BALANCE					
Current liabilities					
Accounts payable	$ 2,840,649	$ 14,608	$ -	$ 2,855,257	$ 3,077,530
Accrued salaries	2,017,420	-	-	2,017,420	2,090,369
Vacation payable	3,972,276	-	-	3,972,276	3,789,805
Mortgages payable – current (Note 5)	-	85,741	-	85,741	80,949
Deferred Revenue (Note 6)	2,646,113	-	-	2,646,113	2,671,039
	11,476,458	100,349	-	11,576,807	11,709,692
Mortgages payable (Note 5)	-	2,314,829	-	2,314,829	2,448,122
Total Liabilities	11,476,458	2,415,178	-	13,891,636	14,157,814
Fund Balances:					
Invested in capital assets	-	21,571,796	-	21,571,796	18,136,203
Externally restricted	-	-	1,053,219	1,053,219	1,048,241
Internally restricted (Schedule 4)	104,470	572,091	-	676,561	726,759
Unrestricted	1,123,432	5,836,705	-	6,960,137	8,917,170
Fund balances – (Statement 2)	1,227,902	27,980,592	1,053,219	30,261,713	28,828,375
Total Liabilities & Fund Balances	$ 12,704,360	$ 30,395,770	$ 1,053,219	$ 44,153,349	$ 42,986,189

See accompanying notes to the Financial Statements.

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2005

	Operating Fund			Restricted			
	Budget 2005	2005	2004 (Note 10)	Capital Fund 2005	Community Trust Fund 2005	Total 2005	Total 2004 (Note 10)
REVENUES							
Saskatchewan Health - General Revenue	$ 61,349,304	$ 61,165,941	$ 58,988,632	$ 3,239,395	$ -	$ 3,239,395	$ 2,920,321
Other Provincial Revenue	321,545	312,099	425,192	57,843	-	57,843	57,755
Federal Government Revenue	70,800	80,047	89,189	2,348	-	2,348	-
Funding from other Provinces	-	-	-	-	-	-	-
Special Funded Programs	698,331	705,000	737,203	-	-	-	-
Patient Fees	3,290,182	3,210,788	3,245,190	-	-	-	-
Out of Province Revenue (Reciprocal)	491,230	437,988	565,168	-	-	-	-
Out of Country Revenue	19,500	24,406	20,243	-	-	-	-
Donations	21,645	40,809	32,075	779,054	-	779,054	1,417,946
Investment Revenue	175,500	278,503	289,338	138,708	18,271	156,979	195,719
Ancillary Revenue	140,700	144,584	149,211	20,600	-	20,600	20,600
Recoveries	987,665	1,208,080	1,139,978	-	-	-	-
Other Revenue	21,608	31,262	18,588	43,009	-	43,009	2,079
	67,519,270	67,447,071	65,766,357	4,260,957	18,271	4,279,228	4,614,420
EXPENSES							
Province Wide Acute Care Services	695,499	590,304	281,807	-	-	-	1,802
Acute Care Services	32,140,762	32,424,832	31,508,546	2,222,788	803	2,023,591	2,133,942
Physician Compensation - Acute	2,613,332	2,492,676	2,209,062	-	-	-	-
Supportive Care Services	28,044,337	27,980,910	27,079,434	1,318,839	-	1,318,839	1,296,981
Home Based Service - Supportive Care	4,890,988	4,630,168	4,288,973	17,069	32,492	49,501	30,614
Population Health Services	2,605,330	2,685,083	2,639,872	27,022	-	27,022	18,839
Community Care Services	3,996,592	4,116,618	4,063,826	-	-	-	-
Home Based Services - Acute & Palliative	1,218,675	1,202,921	1,498,665	-	-	-	-
Primary Health Care Services	966,049	951,475	892,069	18,974	-	18,974	16,654
Emergency Response Services	1,973,064	1,973,565	1,908,456	12,986	-	12,986	12,986
Mental Health Services - Inpatient	1,845,129	1,920,396	1,790,310	-	-	-	-
Addictions Services - Residential	704,058	705,507	685,163	21,943	-	21,943	-
Physician Compensation - Community	1,448,896	1,393,670	934,285	-	-	-	-
Program Support Services	3,243,921	3,149,697	3,162,359	-	-	-	-
Special Funded Programs	695,589	705,651	737,794	-	-	-	-
Ancillary	132,967	129,732	116,935	-	-	-	-
Total Expenses (Schedule 1)	87,516,635	87,580,209	83,719,396	3,639,562	33,295	3,672,856	3,511,818
Excess (Deficiency) of revenues over expenses	$ (2,635)	866,862	46,961	621,396	(4,976)	606,372	1,102,602
Fund Balances, beginning of year		1,227,902	1,227,645	26,952,230	1,048,243	27,600,473	26,451,172
Interfund transfers (Note 14)		(856,862)	(46,699)	856,966	-	856,966	46,699
Fund balances, end of year		$ 1,237,902	$ 1,227,902	$ 27,980,592	$ 1,093,219	$ 29,013,811	$ 27,600,473

See accompanying notes to the Financial Statements.

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2005

	Operating Fund		Restricted Fund			
	2005	2004 (Note 10)	Capital Fund	Community Trust Fund	Total 2005	Total 2004 (Note 10)
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (deficiency) of revenue over expenditure	$ 806,966	$ 46,956	$ 621,396	$ 4,976	$ 626,372	$ 1,102,602
Net change in non-cash working capital (Note 7)	445,010	1,668,029	3,194,913	(17,021)	3,177,892	(1,795,974)
Amortization of capital assets	-	-	3,434,924	-	3,434,924	3,309,444
Investment income on long-term investments	-	-	-		-	-
Gain (loss) on disposal of capital assets	-	-	-	-	-	-
	1,251,976	1,714,985	7,251,233	(12,045)	7,239,188	2,616,072
Purchase of capital assets						
Buildings/construction	-	-	(3,845,426)	-	(3,845,426)	(1,215,833)
Equipment	-	-	(2,896,591)	-	(2,896,591)	(907,057)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
Purchase (Sale) of long-term investment	58,500	-	8,101	525,372	533,473	(311,185)
	58,500	-	(6,733,916)	525,372	(6,208,544)	(2,434,075)
Repayment of debt	-	-	(128,501)	-	(128,501)	(76,300)
Net increase (decrease) in cash & short term investments during the year	1,310,476	1,714,985	388,816	513,327	902,143	105,697
Cash & short term investments, beginning of year	9,803,554	8,135,268	4,293,439	357,843	4,651,282	4,498,886
Interfund transfers (Note 14)	(806,966)	(46,699)	806,966	-	806,966	46,699
Cash & short term investments, end of year	$ 10,307,064	$ 9,803,554	$ 5,489,221	$ 871,170	$ 6,360,391	$ 4,651,282
Amounts in cash balances						
Cash & short term investments	$ 10,307,064	$ 9,803,554	$ 5,489,221	$ 871,170	$ 6,360,391	$ 4,651,282

See accompanying notes to the Financial Statements.

FIVE HILLS REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As At March 31, 2005

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan.

On coming into force, the Act terminated the membership of the individual District Health Boards. All assets, liabilities, rights, and obligations of the District Health Boards continue as the assets, liabilities, rights, and obligations of the Regional Health Authority. All contracts with the District Health Boards remain in effect until repealed or replaced by the Regional Health Authorities.

The Five Hills Regional Health Authority was created by the Act. The Five Hills Regional Health Authority (RHA) is responsible for the planning, organization, delivery, and evaluation of health services it is to provide (The Act sec 27) within the geographic area known as the Five Hills Health Region.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following CBOs and third parties to provide health services:

Extendicare (Canada) Inc.
Moose Jaw Alcohol and Drug Abuse Society Inc.
Canadian Mental Health Association (Saskatchewan Division)
Thunder Creek Rehabilitation Association Inc.
Lifeline Ambulance Service Inc.
Wald Ambulance Ltd.

Note 9 b) i) provides disclosure of payments to CBOs and third parties.

ii) The following affiliates are incorporated as follows (and are registered charities under the Income Tax Act):

Providence Place for Holistic Health Inc. – Non profit Corporations Act
St. Joseph's Hospital (Grey Nuns) of Gravelbourg – Non profit Corporations Act

The RHA provides annual grant funding to these organizations for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding these affiliates.

Note 9 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliates.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recognized as revenue of the

Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2.5 to 6.67%
Land improvements	2.5 to 20%
Equipment	5 to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. Cost of inventory held is determined on a weighted average basis, except for dietary, linen, laundry, plant maintenance and remote facility inventory which is determined on a first in, first out basis.

f) Investments

Investments are valued at the lower of cost or net realizable value.

g) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly the RHA expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

3. Capital Assets

	March 31, 2005			March 31, 2004
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 266,555	$ ---	$ 266,555	$ 263,873
Land improvements	356,682	266,232	90,450	116,544
Buildings	38,992,872	21,265,598	17,727,274	15,389,707
Equipment	22,759,420	16,871,948	5,887,472	4,616,523
Construction in progress	615	---	615	278,626
	$62,376,144	$38,403,778	$23,972,366	$20,665,273

4. Commitments

a) Capital Assets Acquisitions

At March 31, 2005, commitments for acquisition of capital assets were $1,058,494 (2004 - $3,958,970).

5. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2005	2004
Pioneer Housing (Moose Jaw) CMHC, due November 1, 2016	5.375%	$22,877 principal & interest. Mortgage renewal date – November 1, 2016.	$ 198,577	$ 210,551
Pioneer Housing (Moose Jaw) CMHC, due July 1, 2019	6.875%	$7,229 principal & interest. Mortgage renewal date - July 1, 2019.	66,161	68,806
Pioneer Housing (Moose Jaw) CMHC, due September 1, 2027	10.50%	$95,747 principal & interest of which $22,188 is subsidized by SHC. Yielding an effective interest rate of 7.3%. Mortgage renewal date – September 1, 2027.	838,540	847,595
Regency Manor CMHC, due August 1, 2019	5.50%	$106,230 principal & interest of which $35,655 is subsidized by SHC. Yielding an effective interest rate of 0%. Mortgage renewal date – October 1, 2006.	1,058,906	1,106,267
Assiniboia Pioneer Lodge CMHC, due October 1, 2024	8.00%	$6,503 principal & interest. Mortgage renewal date – October 1, 2024.	64,822	66,166
Assiniboia Pioneer Lodge CMHC, due November 1, 2018	6.00%	$18,561 principal & interest. Mortgage renewal date – November 1, 2018.	173,564	181,580
Assiniboia Pioneer Lodge CMHC, due October 1, 2024	8.00%	$4,729 principal & interest. Mortgage renewal date – October 1, 2024. Mortgage paid out during 2004/05.	-	48,106
			2,400,570	2,529,071
Less: Current portion			85,741	80,949
			$ 2,314,829	$ 2,448,122

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years is estimated as follows:

2006	$ 85,741
2007	91,462
2008	97,585
2009	104,141
2010	111,162
2011 and subsequent	1,910,479

6. Deferred Revenue

Deferred Revenue	Balance Beginning of Year	Less Amount Recognized from Health	Add Amount Received from Health	Less Amount Recognized from Other Sources	Add Amount Received from Other Sources	Balance End of Year
Saskatchewan Health – General Revenue Fund	$ 105,249	$ 105,249	$ ---	$ ---	$ ---	$ ---
- Health Improvement Initiatives						
- On site Emergency Room Medical Remuneration	---	---	450,000	---	---	450,000
- Workplace Wellness	220,308	---	36,212	---	---	256,520
- Successful Moms	53,041	---	1,192	---	---	54,233
- Family Support & Rehab	47,999	---	10,000	---	---	57,999
- Surgical Access	106,366	25,519	---	---	---	80,847
- CT Evaluation	16,110	---	---	---	---	16,110
- Diabetes Control	88,344	---	9,930	---	---	98,274
- Operating Room Scheduling	520,816	130,302	---	---	---	390,514
- Nursing Council	54,940	3,280	---	---	---	51,660
- Alternate Physician Pymt Central Butte	4,420	---	20,728	---	---	25,148
- Substance Abuse Youth Needs	5,250	---	---	---	---	5,250
- Professional Development Fund	57,979	---	47,088	---	---	105,067
- Needle Exchange	18,042	---	9,211	---	---	27,253
- Undesignated Medical Remuneration	191,442	97,285	40,182	---	---	134,339
- Population Health Strategy	---	---	18,665	---	---	18,665
- Primary Health Care Transition	80,451	24,434	---	---	---	56,017
- Primary Health Care Team Facilitator	78,600	50,913	---	---	---	27,687
- Primary Health Care Central Butte Site	311,459	104,424	---	---	---	207,035
- Quality Health Workplace Initiatives	---	---	66,275	---	---	66,275
- Renal Dialysis Project	348,624	260,290	---	---	---	88,334
- Smoke Free Legislation	---	---	15,547	---	---	15,547
- Surgical Waitlist Registry	7,521	7,521	---	---	---	---
- Mental Health Clinical Conference	11,997	---	---	203	---	11,794
- Water Quality	6,110	6,110	---	---	---	---
- JJE funding 0506 Supportive Care	---	---	54,232	---	---	54,232
- West Nile Virus Survey	4,790	4,790	---	---	---	---
- HIPA implementation	---	---	23,400	---	---	23,400
- Aboriginal Awareness Training	15,134	---	1,851	---	---	16,985

Deferred Revenue	Balance Beginning of Year	Less Amount Recognized from Health	Add Amount Received from Health	Less Amount Recognized from Other Sources	Add Amount Received from Other Sources	Balance End of Year
- SIMS PHIS	3,905	---	10,000	---	---	13,905
- Health Line	---	---	3,500	---	---	3,500
Saskatchewan Learning – General Revenue Fund - Kids First	58,528	---	12,692	---	---	71,220
Saskatchewan Community Resources and Employment – General Revenue Fund - Needs Solution Survey	189	---	---	---	---	189
Saskatchewan Government Relations and Aboriginal Affairs – General Revenue Fund – Representative Workforce Program	10,432	---	---	10,432	---	---
Saskatchewan Housing – General Revenue Fund – Advanced payment April 2005	2,971	---	---	---	---	2,971
Other - Special Needs	131,673	---	---	57,053	---	74,620
Other - SGI Acquired Brain Injury	52,711	---	---	---	1,508	54,219
Other – Resource Centre	42,877	---	---	2,829	---	40,048
Other - miscellaneous	12,761	---	---	---	33,495	46,256
Total	$ 2,671,039	$ 820,117	$ 830,705	$ 70,517	$ 35,003	$ 2,646,113

Restricted funding related to general operations from Saskatchewan Health - General Revenue Fund is recorded as revenue as the related costs are incurred.

7. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2005	2004	Capital Fund	Community Trust Fund	Total 2005	Total 2004
(Increase) Decrease in accounts receivable	$ 962,501	$ (140,190)	$ 3,195,626	$ (17,021)	$ 3,178,605	$ (1,795,567)
(Increase) Decrease in inventory	(144,937)	24,957			-	
(Increase) Decrease in prepaid expenses	(235,590)	277,065			-	
Increase (Decrease) in accounts payable	(221,560)	679,336	(713)		(713)	(407)
Increase (Decrease) in accrued salaries	(72,949)	334,070			-	
Increase (Decrease) in vacation payable	182,471	119,242			-	
Increase (Decrease) in deferred revenue	(24,926)	373,549			-	
	$ 445,010	$ 1,668,029	$ 3,194,913	$ (17,021)	$ 3,177,892	$ (1,795,974)

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2005 was $6,284 (2004 - $9,487) and are included in the financial statements.

9. Related Party Transactions and Other Third Party Contractors

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transaction are included in the financial statements at the standard rates charged by those organizations and are settled on normal trade terms.

	2005	2004
Saskatchewan Association of Health Organizations – expense	$ 1,943,315	$ 3,408,046
Saskatchewan Association of Health Organizations - payable	151,274	130,463
Saskatchewan Health Employees Pension Plan – expense	2,475,951	414,047
Saskatchewan Health Employees Pension Plan – payable	419,154	392,446
Saskatchewan Health Information Network – expense	130,304	49,184
Saskatchewan Energy – expense	325,936	346,522
Saskatchewan Power – expense	594,953	597,857
Saskatchewan Property Management Corporation – expense	434,308	425,347
Sask Tel – expense	245,613	268,047
Valleyview – expense	547,930	538,473
Workers' Compensation Board – expense	1,071,494	980,514
Workers' Compensation Board – revenue	180,710	112,472
Workers' Compensation Board – prepaid expense	244,214	-

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchase. Taxes paid are recorded as part of the cost of those purchases.

b) Health Care Organizations

i) Community Based Organizations and Third Parties

The RHA has also entered into agreements with CBOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to CBOs and Third Parties:

	2005	2004
Extendicare (Canada) Inc.	$ 4,331,433	$ 4,082,653
Moose Jaw Alcohol and Drug Abuse Society Inc.	705,507	685,003
Canadian Mental Health Association	11,698	10,000
Thunder Creek Rehabilitation Association Inc.	349,211	340,450
Lifeline Ambulance Service Inc.	1,040,058	1,010,973
Wald Ambulance Ltd.	429,358	412,482
	$ 6,867,265	$ 6,541,561

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate:

	2005	2004
Providence Place for Holistic Health Inc.	$ 8,789,911	$ 8,308,773
St. Joseph's Hospital (Grey Nuns) of Gravelbourg	3,207,448	2,996,256
St. Joseph's Hospital (Grey Nuns) of Gravelbourg – Ambulance Service	146,535	138,734
	$ 12,143,894	$ 11,443,763

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entities for the years ended March 31, 2005 and 2004.

	Total 2005	Total 2004
Balance Sheet		
Assets	$ 3,034,506	$ 2,919,753
Net Capital Assets	28,567,941	29,783,946
Total Assets	$ 31,602,447	$ 32,703,699
Total Liabilities	3,133,923	3,157,761
Total Net Assets (Fund Balances)	28,468,524	29,545,938
	$ 31,602,447	$ 32,703,699
Results of Operations		
RHA Grant	$ 12,098,589	$ 11,305,452
Other Revenue	3,821,340	3,844,780
Total Revenue	15,919,929	15,150,232

Salaries & Benefits	12,833,869	12,232,741
Other Expenses*	4,171,152	4,108,580
Total Expenses	$ 17,005,021	$ 16,341,321
Excess Revenue over Expenses	$ (1,085,092)	$ (1,191,089)

* Other Expenses includes amortization of $1,322,840 (2004 - $1,303,097)

Cash Flows

Cash from Operations	$ 162,473	$ 71,048
Cash used in Financing Activities	43,110	151,315
Cash used in Investing Activities*	(106,127)	(169,657)
Increase in cash	$ 99,456	$ 52,706

* Cash used in Investing Activities includes capital purchases of $108,868 (2004 - $169,657)

iii) Fund Raising Foundations

Fund raising efforts are undertaken through a non-profit business corporation known as the Moose Jaw Health Foundation (the Foundation). The Five Hills RHA has an economic interest in the Foundation. In accordance with donor-imposed restrictions, (2004 - $292,401; 2003 - $105,422) of the foundation's net assets must be used to purchase specialized equipment. The foundation's total expenses include contributions of (2004- $194,969; 2003 - $294,527) to the RHA/community.

10. Comparative Information

a) Certain 2003-04 balances have been reclassified to conform with the current year's presentation.

11. Pension

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan. Employer contributions to this plan increased to 262% on April 1, 2004 and 267% on April 1, 2005 (257% - September 1, 2003; 179% - April 1, 2003).

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services. Pension expense for the year amounted to $2,599,329 (2004 - $2,111,314) and is included in benefits in Schedule 1.

12. Budget

The RHA Board approved the 2004-2005 budget plan on June 23, 2004.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHAs receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

  cash and short term investments
  accounts receivable
  accounts payable
  accrued salaries and vacation payable

- For investments, the fair value is considered to approximate quoted market values.

- The fair value of mortgages and term loan payable before the repayment required within one year, is $2,544,282 (2004 - $2,511,993) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2005			2004		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Building renovations	$ -	$ -	$ -	$ -	$ -	$ -
Capital asset purchases	(762,528)	762,528	-	-	-	-
SHC reserves	(44,438)	44,438	-	(46,699)	46,699	-
Mortgage payments	-	-	-	-	-	-
Other	-	-	-	-	-	-
	$ (806,966)	$ 806,966	$ -	$ (46,699)	$ 46,699	$ -

15. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. Contingent Liability

Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers have filed reconsideration appeals that are currently under review. A financial obligation to pay reconsideration costs occurs once the Steering Committee reviews the recommendations from the Reconsideration Committee and reaches a consensus decision. At this time the Steering Committee has not yet reached any final decisions regarding the reconsiderations.

As the final results of the reconsideration process are currently unknown, the cost of the reconsiderations cannot be reasonably determined.

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES
For the Year Ended March 31, 2005

	Budget 2005	2005	2004
Operating:			
Benefits	$ 7,819,574	$ 7,922,984	$ 7,572,126
Board costs	115,550	88,978	107,988
Diagnostic imaging supplies	257,962	251,207	249,446
Drugs	1,142,667	1,129,049	1,027,497
Food	932,430	912,640	921,256
Grants to ambulance services	1,638,536	1,634,976	1,581,144
Grants to third parties	17,372,644	17,428,460	16,485,100
Housekeeping and laundry supplies	377,514	351,435	374,476
Information technology contracts	209,558	195,606	228,585
Insurance	220,300	193,252	170,621
Interest	2,650	2,037	1,455
Laboratory supplies	718,837	702,356	651,183
Medical and surgical supplies	1,455,602	1,381,461	1,343,716
Medical remuneration and benefits	4,065,041	3,879,066	3,050,408
Office supplies and other office costs	399,149	390,222	405,530
Other	744,792	617,245	700,994
Other referred out services	1,122,765	1,305,757	1,192,359
Professional fees	1,037,696	639,479	499,286
Prosthetics	493,384	535,230	486,030
Purchased services	422,538	230,710	254,916
Rent leases/purchases	820,009	870,519	870,334
Repairs and maintenance	525,248	632,289	640,583
Salaries	42,713,789	43,053,065	41,985,446
Service contracts	591,467	497,820	591,018
Travel	812,701	749,932	948,350
Utilities	1,504,232	1,444,330	1,399,549
	$ 87,516,635	$ 87,040,105	$ 83,719,396
Restricted:			
Amortization		$ 3,434,924	$ 3,309,444
Loss on disposal of fixed assets		1	-
Other		237,931	202,374
		$ 3,672,856	$ 3,511,818

Schedule 2

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
For the Year Ended March 31, 2005

	Amount	Maturity	Effective Rate	Coupon Rate
Restricted Investments				
Cash and Short Term				
Chequing and Savings:				
CUCORP	$ 5,625,580			
RBC Dominion Securities	43,075			
	$ 5,668,655			
Bond/Mutual Fund:				
Royal Bank Cdn Money Mkt	$ 11,941			
Province of Saskatchewan	108,100	07/15/05	5.75%	5.75%
Province of Ontario	127,339	09/27/05	2.49%	2.49%
Province of Ontario	379,108	11/03/05	2.28%	2.28%
Ontario Hydro	21,577	02/06/06	5.41%	5.41%
Province of Quebec	43,671	03/30/06	2.83%	2.83%
	$ 691,736			
	$ 6,360,391			
Long Term				
Farm Credit Corporation	$ 18,270	11/15/06	6.00%	6.00%
CIBC	68,958	01/07/07	11.60%	6.86%
Province of Saskatchewan	11,600	07/15/07	3.25%	3.25%
Ontario Hydro	67,616	06/02/08	4.49%	4.49%
Province of British Columbia	357,839	08/23/13	8.50%	6.81%
Ontario Hydro	42,976	08/18/22	8.50%	8.90%
	$ 567,259			
	$ 6,927,650			
Unrestricted Investments				
Cash and Short Term				
Chequing and Savings:				
CUCORP	$ 10,228,173			
Royal Bank	5,049			
RBC Dominion Securities	100			
Cash on hand	8,315			
	$ 10,241,637			
Bond/Mutual Fund:				
Royal Bank Cdn Money Mkt	$ 3,556			
Province of Saskatchewan	58,500	07/15/05	5.75%	5.75%
Ontario Hydro	3,371	09/29/05	2.49%	2.49%
	$ 65,427			
	$ 10,307,064			
Long Term				
Province of Saskatchewan	$ 3,300	07/15/07	3.25%	3.25%
Ontario Hydro	8,225	06/02/08	4.49%	4.49%
	$ 11,525			
	$ 10,318,589			
Total Investments	$ 17,246,239			

Restricted Investments consist of: community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3), and replacement reserves maintained under mortgage agreements with the Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (A Division of Saskatchewan Municipal Government) (SHC) are held in the Capital Fund (Schedule 4).

Schedule 3

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
(COMMUNITY TRUST FUND EQUITY)
For the Year Ended March 31, 2005

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
Moose Jaw Union Hospital - Haggerty	$ 76,412	$ 4,248	$ ---	$ 803	$ ---	$ 79,857
Moose Jaw Union Hospital – Elsom Mutrie	12,063	297	---	---	---	12,360
Crank Health Centre	109,419	2,499	---	---	---	111,918
Thunder Creek Home Care	849,508	31,208	---	32,492	---	848,224
South Country	841	19	---	---	---	860
Total	$ 1,048,243	$ 38,271	$ ---	$ 33,295	$ ---	$ 1,053,219

Schedule 4

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2005

	Balance Beginning of year	Investment income allocated revenue	Transfer from unrestricted fund Annual allocation	Transfer to unrestricted fund Expenses	Transfer to investment in capital asset fund balance	Balance end of year
Assiniboia Pioneer Lodge	$ 105,870	$ 2,640	$ 23,866	$ ---	$ ---	$ 132,376
Pioneer Housing – Lodge (Moose Jaw)	175,628	3,500	14,833	(6,260)	(46,393)	141,308
Pioneer Housing – Village (Moose Jaw)	151,537	3,400	12,000	---	(12,898)	154,039
Regency Manor	141,168	3,200	---	---	---	144,368
Elder Care Study – operating fund	152,556	---	---	(48,086)	---	104,470
Total	$ 726,759	$ 12,740	$ 50,699	$ (54,346)	$ (59,291)	$ 676,561

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation.

The above schedule shows the changes in these reserve balances during the year.

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULES OF

BOARD REMUNERATION, BENEFITS AND ALLOWANCES
For the Year Ended March 31, 2005

	2005				2004		
Board Members	Retainer and Per Diems	Benefits[1]	Other Expenses	Total	Retainer and Per Diems	Benefits and Other Expenses	Total
Chairperson							
TONI DALE	$ 16,766	$ 883	$ 106	$ 17,756	$ 19,804	$ 2,394	$ 22,198
					-	-	
Board Member					-	-	
	-	-	-	-	-	-	-
BERTRAM, TRACY [2]	1,200	16	-	1,216	3,650	261	3,911
BUMBAC, JOHN	8,400	6,530	574	15,504	6,688	6,178	12,866
CAMPBELL, MARIAN	2,475	323	19	2,817	-	-	-
CARON, DENIS [3]	3,400	82	-	3,482	8,125	3,514	11,639
DUSEL, JO-ANNE	4,863	411	-	5,274	5,400	669	6,069
FOX, TIM [4]	4,475	3,239	-	7,714	5,025	3,524	8,549
GRAY, LESLIE	6,013	380	52	6,444	6,600	573	7,173
KURZ, RICHARD	3,150	1,788	-	4,938	2,850	1,481	4,331
MICHALSKI, BETTY	5,585	-	19	5,604	5,000	50	5,050
MULATZ, ELAINE	4,225	495	-	4,720	5,475	3,790	9,265
STANG, DONNA	4,688	1,564	10	6,261	4,300	2,830	7,130
WALKER, LOUISE	4,538	4,124	19	8,680	5,775	7,006	12,781
Total	$ 69,777	$ 19,834	$ 799	$ 90,410	$ 78,692	$ 32,270	$ 110,962

(1) Benefits includes employer CPP and all travel time.
(2) Resigned June 30, 2004.
(3) Resigned Oct 31, 2004.
(4) Resigned Feb 28, 2005.

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES AND SEVERANCE
For the Year Ended March 31, 2005

	2005							2004			
					Severance						
Title	Number of FTEs	Salaries[1]	Benefits and Allowances[2]	Sub-total	Number of Individuals	Amount	Total	Number of FTEs	Salaries, Benefits and Allowances	Severance	Total
Chief Executive Officer	1.04	$ 133,329	$ 20,215	$ 153,545	-	$ -	$ 153,545	1.00	$ 151,169	$ -	$ 151,169
Senior Positions											
Base & Geriatric Services	1.00	100,890	$ 13,649	114,538	-	-	114,538	1.00	113,910	-	113,910
Clinical Services	1.04	104,755	$ 13,649	118,404	-	-	118,404	1.00	113,910	-	113,910
Chief Human Resources Officer	1.00	100,890	$ 13,649	114,538	-	-	114,538	1.00	109,916	-	109,916
Chief Financial Officer	1.00	110,890	$ 15,394	126,284	-	-	126,284	1.00	123,996	-	123,996
Medical Health Officer	1.00	174,295	$ 7,015	181,309	-	-	181,309	1.00	192,990	-	192,990
Director of Mental Health & Addiction S	1.00	91,337	$ 12,855	104,192	-	-	104,192	1.00	103,674	-	103,674
Coordinator of Primary Health Care	1.00	82,856	$ 12,204	95,060	-	-	95,060	1.00	91,494	-	91,494
Medical Director	0.28	104,324	$ 13,820	118,144	-	-	118,144	0.27	116,350	-	116,350
Director of Environmental Services	1.00	85,423	$ 12,684	98,107	-	-	98,107	1.00	88,022	-	88,022
Total	9.36	$ 1,088,988	$ 135,133	$ 1,224,122	-	$ -	$ 1,224,122	9.30	$ 1,205,431	$ -	$ 1,205,431

(1) Salaries include regular base pay, overtime, lumpsum payments, honoraria, and any other direct cash remunerations including sick leave and vacation. Use amounts from SAHO Disclosure of Earnings report.
(2) Benefits and allowances include the employer's share of statutory and non-statutory benefits, and employer's taxable allowances.

Personal Services

Listed are individuals who received payment for salaries, wages, honorariums, etc which total $50,000 or more, excluding affiliates.

Aasen, Dianne	$ 58,587
Ackerman, Linda	63,278
Albinet, Laurie	63,168
Alraum, Isolde	63,317
Amies, Michael	73,767
Andrews Wittman, Melinda	51,672
Arseneau, Maureen	60,613
Awad El Kariem, Sawsan	319,528
Ayers, Nola	71,605
Baender, Shirley	54,925
Bain, Joy	59,824
Bakke, Krista	51,143
Ballard, Gerry	71,331
Barber, Vivian	66,617
Bastedo, J Roger	61,148
Bauck, Deborah	59,239
Beaubien, Colette	52,970
Bender, Karen	59,588
Bengtson, Monica	52,007
Benoit, Ann	74,445
Benson, Lisa	55,090
Berezowski, Monique	66,182
Bergmann, Rhonda	54,310
Berjian, Florence	52,121
Bickford, Deanna	53,516
Blazieko, Joann	66,004
Bonnor, Jim	50,973
Booth, Mary Lee	61,126
Boothman, Tami	63,865
Boshuck, Dorothy	63,227
Boyajian, Elizabeth	50,085
Boyle, Judy	63,195
Brinton, Peggy	57,497
Brisbin, Katherine	53,939
Brown, Eileen	73,128
Bruse, Lydia	51,557
Buchanan, Robert	54,024
Bullock, Linda	55,728
Bumphrey, Brenda	54,474
Burns, Maureen	61,071
Campbell, Nimone	54,431
Campbell, Shauna	61,355
Campbell, Wanda	65,916
Cayer, Janice	52,877
Chaisson, Clara	63,211
Chow, Amy	61,399
Clark, Barbara	52,083
Clark, Maryanne	55,638
Coakwell, Tara	52,495
Cochrane, Rod	68,193
Coghlin, Nancy	63,789
Cook, Bill	50,149
Cotter, Debra	50,289
Cox, Sheila	65,338
Dancey, Colleen	62,052
Day, Bettye	56,650
Dennis, Ann Marie	71,605
Deringer, Gina	59,027
Dick, Denise	61,617
Dixon, Karen	58,423
Donley, Teresa	58,023
Dorward, Carol	50,871
Dowling, Michelle	56,146
Dreger, Wanda	59,580
Driedger, Heather	57,305
Duncan, Tammy	62,139
Durand, Sylvia	65,759
Ebbett, Pamela	58,483
Eberts, Glynnis	64,090
Ellert, Clara M	52,669
Ellingson, Marie	61,628
Engler, Kathryn	62,369
Engstrom, Leslie	58,218
Erickson, Sharon	50,296
Etches, Robert	258,006
Ferguson, James	55,429
Fernell, Karen	56,644
Fieldgate, Catherine	61,047
Filipowich, Kathleen	67,226
Filomeno, Enrique	57,302
Fitterer, Cheryl	53,980
Fitzpatrick, Gail	56,978
Fjeldberg, Rynae	56,541
Fiegel, Deborah	64,718
Flowers, Barbara	71,587
Fowler, Sandra	52,231
Francoeur, Lisa	51,208
Frank, Gwenith	64,056
Fraser, Dan	71,605
Froehlich, Kelly	58,140
Fryklund, Susan	61,665
Gamble, Carole	53,087
Ganzer, Shelley	63,283
Gaucher, Adrien	75,386
Giesbrecht, Jaynee	51,940
Gleim, Sandra	60,107
Godin, Fairlie	56,183
Good, Laurie	56,238
Gorombey, Steve	94,251
Gosling, Avis	55,722
Goud, Dan	50,241
Goudie, Darlene	59,110
Grant, Mathilda	54,425
Green, Janice	57,921
Gregor, Carol	55,576
Griffin, Kathy	62,180
Griffin, Linda	58,655
Guillaume, Allyson	63,599
Gummeson, Phyllis	54,986
Guthrie, David	56,422
Gyrlevich, Louise	60,983
Hadley Cole, Rona	66,401
Hager, Brad	56,977
Haines, Michael	68,945
Hall, Shelly	60,725
Hasmatali, Sheryl	58,456
Hatcher, Elizabeth	54,623
Haukaas, Brenda	63,336
Heath, Stacey	61,081
Helland, Joanne	62,964
Hennenfent, Kandice	71,686
Hicks, Pat	66,540
Hoffos, Donna	60,230
Hudson, Donna	57,073
Hundeby, Janet	56,264
Huyghebaert, Eveline	62,318
Ireland, Diane	71,605
Ireland, Sharon	52,341
Johnson, Allyson	54,375
Johnson, Darren	55,338
Johnson, Elaine	55,541
Johnson, Heather	60,908
Johnson, Pamela	62,075
Johnson, Wayne	62,306
Johnston Harper, Pauline	51,114
Johnston, Donna	54,025
Juell, Jody	52,954
Justason, Bernadett	59,275

Karst, Teresa	66,697
Keall, Sylvia	60,443
Kergan, Guy	76,736
Kien, Darlene	58,307
Kimball, Sandra	50,125
Kindrachuk, Joye	71,605
King, Neil	52,137
Kittler, Shelly	65,608
Kitts, Lynn	50,836
Konkin, Joan	60,213
Kowalski, Gwen	64,154
Krepakevich, Kevin	71,605
Kwan, Beverley	56,040
Kwan, Rhonda	62,418
Lalonde, Janet	57,755
Langdon, Karyn	55,597
Lapointe, Shirley	54,089
Lavallee, Rose	50,289
Law, Linda	60,176
Le Courtois, Robin	53,075
Lewis, Shawna	57,137
Lind, Norma	52,706
Lorencz, Therese	61,967
Lovick, Valerie	61,860
Lowes, Joanne	55,366
MacDiarmid, Joyce	64,090
MacKenzie, Dawn	50,784
Macknak, Susan	68,353
Martyniuk, Bonita	54,940
McBride, Shirley	59,341
McCormack, Evelyn	67,442
McFadden, Brandy	52,919
McGillivray, Kathyrn	55,079
McGillivray, Scott	64,835
McInnes, Maryellen	62,754
M field, Danielle	55,689
Mielke, Janice	55,144
Miller, Tamye	59,485
Mitchell, Don	59,761
Moffat, Christa	75,125
Molde, Helen L	64,849
Montgomery, Irene	54,129
Montgomery, Marie	62,474
Moore, Isabel	64,898
Moore, Jean	59,623
Morland, Darlene	69,967
Moulding, Donna	63,173
Neal, Sheila	54,625
Neigel, Darcy	63,227
Newans, Robin	56,405
Nicholl, Timothy	62,988
Nicholls, Brenda	62,706
Nicolson, Sharon	56,679
Ofstedahl, Donna	57,850
Oledzki, Joan	63,858
Osemlak, Pauline	57,459
Owatz, Krista	53,448
Oxley, James	86,635
Paull, Elizabeth	59,738
Payant Oancia, Robbie	61,309
Pecusik, Catherine	63,646
Pennington, Debbie	56,622
Peter, Jeanette	53,809
Peterson, Eyvonne	67,103
Philipation, Travis	67,593
Puckett, Lynn	62,589
Rathwell, Grant	65,737
Reihl, Debbie	59,943
Roach, Shelley	65,709
Roberts, Christa	51,634
Robertson, Jackie	63,178
Rogers, Shannon	64,090
Rollie, Wendy	55,419
Rudd, Nola	51,039
Rumancik, Peter	58,265
Ruzicka Olson, Cone	52,757
Ryan, Beverley	60,349
Sabourin, Dolores	61,280
Salaba, Janice	63,230
Salido, Deign	71,713
Sanden, Wendy	54,852
Sanders, Anita	56,469
Schellenberg, Tara	54,250
Schneider, Arlene	51,145
Schoenau, Myrna	71,605
Scott, Deborah	69,030
Segall, Heather	71,502
Seida, Norine	60,867
Shannon, Shelly	63,227
Shiers, Mark	62,828
Shirkey, Patti	60,978
Shook, Shelley	50,379
Silvester, Paul	64,354
Simmons, Lorna	51,874
Sinclair, Juliet	62,520
Sjoberg, Dennis	70,192
Sjoberg, Ellen	60,286
Smith, Brenda	65,289
Smith, Marylynn	76,911
Smith, Shelley F	59,803
Sobottka, Bonnie	65,795
Sowden, Amanda	52,683
Stadnyk, Katherine	60,522
Stankewich, Brenda	59,242
Statham, Cheri	60,388
Stationwala, Ata	76,911
Steckhan, Edna	63,227
Steel, Brenda	61,177
Stenerson, Wade	51,314
Stevens, Debra	58,539
Stobbs, John	50,608
Storozuk, Yvette	63,166
Strange, Debra	71,495
Straub, Jacquelin	62,990
Striha, Lynn	59,576
Swaok, Joan	64,090
Switzer, Betty	62,829
Terry, Ernest	65,202
Theede, Maryanne	77,217
Thompson, Marcie	56,295
Thul, Lori	50,211
Topola, Leanne	65,419
Truscott, Trent	83,742
Trusty, Alice	61,094
Urquhart, Debra	62,173
Vaessen, Leisa	62,924
Vetter, Lorraine	59,265
Vohland, Chris	63,243
Voth, Norlaine	61,094
Wade, June	63,227
Waldenberger, Vanessa	53,732
Walters, Lucille	66,286
Wanner, Brian	62,488
Ward, Cheryl	52,587
Warsi, Mohammed	192,263
Wasylenka, Dixie	65,201
White, Mary	58,312
Wicharuk, Judy	57,040
Wiebe, Donna	52,341
Willatt, Linda	55,002
Williams, Kathryn	56,947
Williams, Shannon	52,163

Payee Disclosures - Five Hills Health Region 2004 - 2005

Williams, Sharla	52,828	Wood, Darcy	54,280
Wilm, Joanne	65,580	Wozniak, Yvonne	57,793
Wilson, Jolene	52,703	Wright, Beverly	56,792
Winkler, Lucyna	54,981	Yackel, Cynthia	53,071
Wittal, Gerrilynn	62,509	Yost, Lynda	61,923
Wohlberg Knelsen, Sharon	57,338	Zadorozny, Rosslyn	76,992
Wolfe, Jacquelin	69,795	Payees under $50,000	25,544,536
Woloschuk Connor, Laurie	54,511		$ 43,850,582

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts, and equipment. Also includes payroll source deduction payment amounts.

Abbott Laboratories Ltd.	$ 497,630
Alcon Canada Inc.	364,846
Arjo Canada Inc.	67,384
Bayer Inc.	84,081
Bunzl Canada	131,445
C&S Builders Ltd.	709,474
Canadian Water Technologies	191,864
CEG Energy Options Inc.	509,553
Christie Group Ltd.	428,744
City of Moose Jaw	148,901
CPDN - 3130827 Canada Inc.	530,885
CU Credit Mastercard	78,121
Dade Behring Canada Inc.	306,135
Dairyland Fluid	117,152
Delange, Dr. Yolanda	107,011
Devilliers, Dr. Jean Pierre	77,207
Dictaphone	93,442
Dutoit, Dr. Abraham	349,214
Ecolab Ltd.	52,657
Fibre Tech	74,093
Gambro Inc.	236,671
General Electric Canada Inc.	60,640
Giles, Dr. Roy	75,669
Great West Life Assurance Co.	284,596
Health Sciences Association of Sask.	57,748
Hill-Rom Canada	318,393
Johnson and Johnson Medical	122,078
Johnson Controls Ltd.	56,201
Jump.ca	110,486
Kimball Electric Ltd.	54,396
Kruger, Dr. Johan	118,411
Lawrence, Dr. John F. H.	50,762
Leeville Construction Ltd.	3,075,697
Linvatec Canada	65,848
London Life	52,808
Marsh Canada Ltd.	193,809
Martin, Dr. Rob	67,372
McKesson Canada	284,433
Medtec Marketing	142,680
Mia, Dr. Shabir	59,173
Minister of Finance - Saskatchewan	113,793
Momentum Healthware	64,133
Moose Jaw Transition House	132,099
Pantazopoulos, Dr. George	236,254
Philips Electronics Ltd.	1,051,879
Prairie Janitorial Supply	79,129
Pretorius, Dr. Juan Marco	117,741
Public Employees Pension Plan	160,908
Public Service Superannuation	55,075
Receiver General for Canada	16,472,826
Regal Electric	51,076
Regina Qu'appelle Health Region	61,746
Rossouw, Dr. Stephanus	67,843
Saskatchewan Association of Health Organizations	2,978,552
Sask Energy	330,714
Sask Health Information Network	82,693
Sask Housing Corporation	52,789
Sask Power	811,265
Sask Property Management	446,733
Sask Registered Nurses Association	119,409
Sask Tel CMR	246,914
Sask Tel Mobility	50,381
Sask Workers Compensation Board	1,961,916
Schaan Healthcare Products Inc.	721,193
Security Patrol & Investigators	70,569
SEIU Local 299 Moose Jaw	396,423
SHEPP	5,561,776
Source Medical	348,379
Stantec Architecture Ltd.	191,989
Steris Canada Inc.	77,075
Stryker Canada Inc.	74,699
SUN Provincial	253,526
Sunspun Food Service	493,917
Supreme Office Products Ltd.	161,467
Sysco Food Services	399,585
Thunder Creek Rehabilitation Association Inc.	256,323
Truter, Dr. Rene	65,020
Tyco Healthcare Group Canada	234,812
Valley View Center	861,310
Van Wyk, Dr. Gerrit	324,498
Zimmer of Canada Ltd.	80,588
Payees Under $50,000	5,998,620
Total	$ 52,745,547

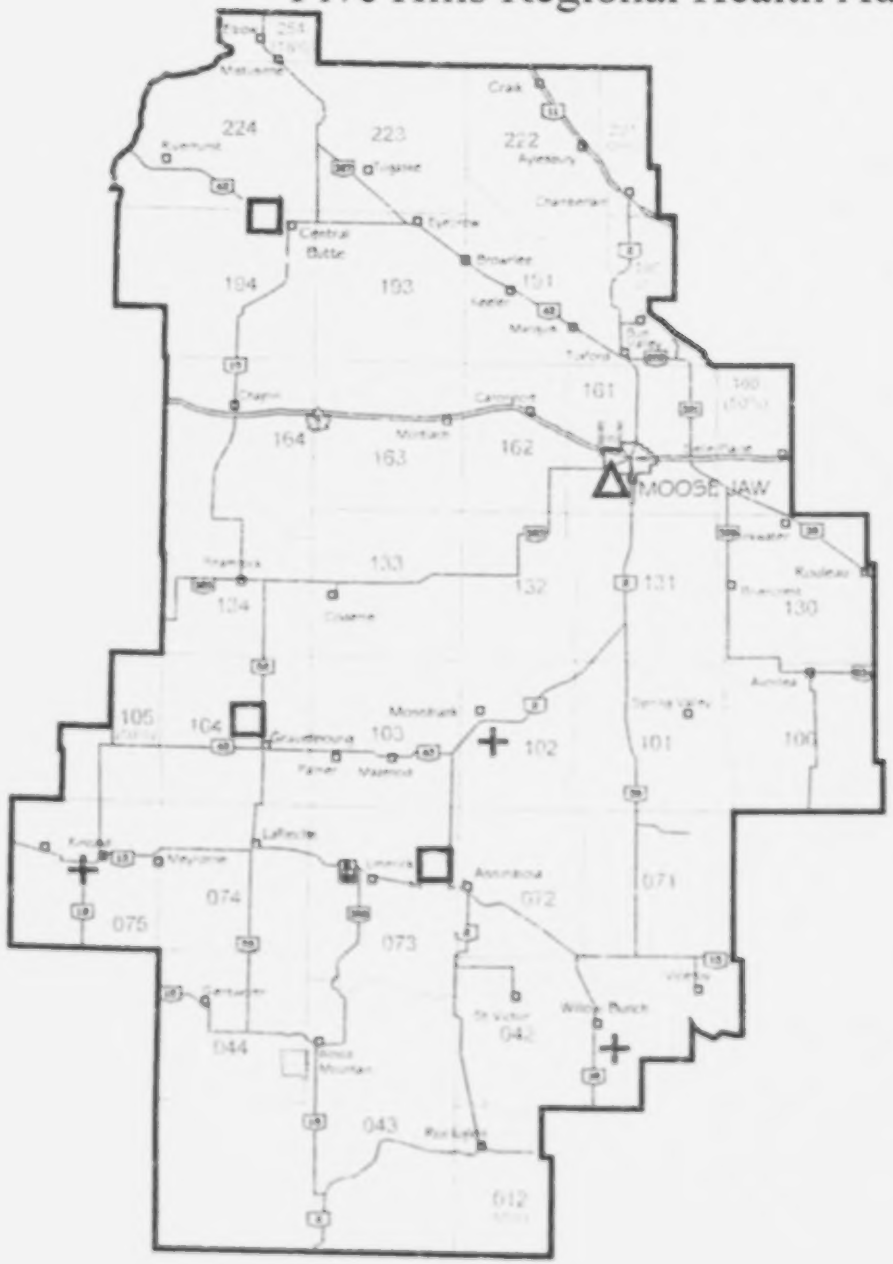
Transfers

Listed are transfers to recipients who received $50,000 or more.

Extendicare	$ 4,393,534
Moose Jaw & District EMS	1,105,243
Moose Jaw Alcohol & Drug Abuse	729,159
Providence Place	8,783,014
St. Joseph's Hospital of Gravelbourg	3,344,075
St. Joseph's Hospital of Gravelbourg - EMS	134,974
Thunder Creek Rehabilitation Association Inc.	345,711
Wald Ambulance	430,764
	$ 19,266,474

Saskatchewan Health

Five Hills Regional Health Authority



LEGEND

- Regional Health Authority
- Rural Municipalities
- Roads
- Indian Reserves
- Hospital
- Hospital with attached Special Care Home
- Special Care Home
- Health Centre or Community Health and Social Centre
- Health Centre with attached Special Care Home

CITB GIS Unit RA 10/2011 RHA 22 01 05